HEALTH COMMITTEE

OF THE

SUFFOLK COUNTY LEGISLATURE

Minutes

A regular meeting of the Health Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York on Thursday, March 8, 2012 at 2:00 p.m.

Members Present:
Legislator William Spencer - Chair
Legislator Kate Browning - Vice-Chair
Legislator Edward Romaine
Legislator John Kennedy
Legislator Sarah Anker

Also In Attendance:
Legislator Kara Hahn - District #5
George Nolan - Counsel to the Legislature
Sarah Simpson - Assistant Counsel to the Legislature
Barbara LoMoriello - Deputy Clerk/Suffolk County Legislature
Craig Freas - Budget Analyst/Legislative Budget Review Office
Terry Pearsall - Chief-of-Staff/Presiding Officer Lindsay's Office
Lora Gellerstein - Aide to Legislator Spencer
Michael Pitcher - Aide to Presiding Officer Lindsay
Leslie Kennedy - Aide to Legislator Kennedy
Tom Ryan - Aide to Legislator Hahn
Alyssa Turano - Aide to Legislator Hahn
Bill Schilling - Aide to Legislator Anker
Ben Zwirn - Deputy County Executive
Tom Vaughn - County Executive Assistant
Gina Kommer - County Executive's Office
Matt McDonough - County Executive's Office
Dr. James Tomarken - Commissioner/SC Department of Health Services
Margaret Bermel - Director of Health Administration/DHS
Jen Culp - Assistant to the Commissioner/Dept of Health Services
Walter Dawydiak - Acting Director/Environmental Quality Division -DHS
Walter Hilbert - Chief/Wastewater Management Division-DHS
Anne Nolan - Hudson River Health Care
James Sinkoff - Hudson River Health Care
Richard Meyer - Legislative Liaison/AME
Mary Finnin - Public Health Nursing in Suffolk County
Richard Koubek - Chairman/Welfare-to-Work Commission
Michael Stoltz - Clubhouse of Suffolk
Collen Merlo - Mental Health Organization
Mary Silberstein - The Quality Consortium
Elaine Economopoloulos - The Quality Consortium
Mary Brice - The Quality Consortium
Barbara McGuaid - Elsie Owens Health Center/Stony Brook Hospital
Kevin McAllister - Peconic Baykeeper
Denise D'Ambrosia - Associate Professor of Nursing/SCCC
Veronica Cea - Speech Language Pathologist

Laura Schreiner - Special Assistant/New York State Senate
All Other Interested Parties

Minutes Taken By:
Alison Mahoney - Court Reporter

(*The meeting was called to order at 2:52 P.M.*)

CHAIRMAN SPENCER:
Good afternoon and welcome to the Health Committee meeting.
I apologize that we are starting about 55 minutes late due to the --

LEG. BROWNING:
Only?

CHAIRMAN SPENCER:
-- the last committee that went over time. But I ask everyone to please stand for the Pledge, which will be led by Legislator Anker.

Salutation

What I'd like to put on the record is correspondence to the committee at this time. We did receive a request from the Huntington Breast Cancer Action Coalition to reinstate the $22,000 that was cut from the 2012 Operating Budget. An e-mail from a Medford resident about school district drug screening also was received. We will place copies of these documents with all the committee members in e-mails. Thank you.

We will begin the ***Public Portion*** of our meeting, and I have three speakers. First is Mary Finnin, would you like to come forward at this time, from the Suffolk County health services.

MS. FINNIN:
Good afternoon. I'm here speaking on my own behalf as an advocate for public health services in the County.

CHAIRMAN SPENCER:
Are you pressing the mic button?

MS. FINNIN:
I'm sorry?

CHAIRMAN SPENCER:
Are you -- you have to press the button when you speak.

MS. FINNIN:
Yeah, I've got it on. Okay. First I want to address Resolution 1135. My question on this is while we're trying to provide services, we're going to -- this will actually give the Article 28 Certificate to the FQHC and there's a five-year period where there will be subsidy by the County. My question is why does this lease agreement include the lease of the property and extend that to the year 2035? I think that any new revenue and Federal monies that will go to the FQHC -- and that's why they're doing it, they'll be getting additional money, and they're going to own that Article 28. So I want to know why the County is willing to incur the cost of the lease at all and certainly beyond the five years to 2035. That is not reasonable to me. We won't own it, we've given it away, they're going to be getting extra money from the Feds to run it. And I thought our subsidy from the County would be for the people that are providing services to the patients and to have that transition, and

there was a guarantee they would remain employees of Stony Brook, at least through that period of time. So I'd rather see that money being available to fund our other health facilities and we need that money right now like we never needed it before.

I also don't know if it's being given away as the value of the, quote/unquote, designated equipment and what that includes. Does it include things like expensive x-ray equipment, etcetera? So those are my questions on that.

On Resolution 1140, my question is by the funding mechanism to date, Top Village, what is the impact of that on the funding for our substance abuse services in Suffolk County? Will that be looked at as total monies received from the State and then reduce the amount of money we might have available for other substance abuse services? If not, I don't have an objection, but if it does impact in any way, I would ask that it be re-evaluated. Thank you.

CHAIRMAN SPENCER:
Thank you. Does anyone have any questions for Ms. Finnin? We'll try to address each of your concerns, we'll speak to you, but I have noted your questions on the record.

MS. FINNIN:
Thank you.

CHAIRMAN SPENCER:
Thank you. Our next speaker is James Sinkhoff who is here with Coram; it says the health care center, Coram Health Care Center.
Mr. Sinkhoff?

MR. SINKHOFF:
Thank you. I think there may have been just a procedural error.
I was asked to furnish a yellow card, so I didn't have any comments. Okay? Thank you.

CHAIRMAN SPENCER:
All right, thank you. I have one last card from Kevin McAllister, but I think he's going to be speaking later on with regard to chromoglass specifically. You can come forward at this time, if you would like. Would you like to have a seat at the table.

MR. McCALLISTER:
Yeah, that would be great. Thank you.

CHAIRMAN SPENCER:
Okay, great. Thank you.

MR. McCALLISTER:
Good afternoon. My name is Kevin McCallister, Peconic Baykeeper.
I'm here to speak to you today about wastewater management and the ultimate impacts on both groundwater and surface water quality.
To the very good work of Suffolk County, they recently released a Comprehensive Water Resources Management Plan which showed some alarming rates in the increase of nitrogen in our groundwater. And as you know, groundwater ultimately feeds our surface waters, our local ponds, creeks, streams. It is really the driving force behind estuarine productivity.

In the last several years, and really I think starting with the Forge River, we've seen an increased number of water bodies placed on the State's 303-D list, the Impaired Waters List, and these are specifically attributed to nitrogen loading. We have seen chronic algal blooms throughout the south bays, certainly the Forge River demonstrates some serious problems. In the 2010 list, again, the

entirety of the south shore Suffolk County was placed on this list, as well as a number of coastal, freshwater ponds.

Nitrogen loading is really being attributed to ultimately wastewater. There's a very good report that came out last year by the Woods Hole Biological Laboratory. Ivan Valiela is the report's author and he assigned a loading factor of approximately 70% to wastewater. So that's quite significant. Again, without empirical evidence, I've always felt that, you know, particularly in these tributaries that are in close proximity to homes, that the affects of influence of wastewater is quite significant.

As you will hear, you know, during the presentation, ultimately Suffolk County and their wastewater management approach relies predominantly on septic systems. And, you know, although the number is not, I guess, determined, approximately 70% of the County is on on-site systems, and then we get into advanced wastewater treatment relative to, you know, obviously the scales of the sewage treatment plants, from smaller package plants to obviously larger municipal plants.

The real problem or flaw in our approach is that we've really been managing wastewater for drinking water protection, and that's a public health threat. This comes down through, you know, Federal regs, through EPA, ultimately the State of New York and down to Suffolk County Department of Health Services. We now know these standards, or the levels of managing wastewater for drinking water protection which is ten milligrams per liter threshold, is insufficient for protecting the integrity of our surface waters. This level is -- these concentrations are approximately 20 times higher than estrian waters can assimilate leading to, again, chronic algal blooms and low dissolved oxygen levels, fish kills, you know, the list goes on.

With respect to wastewater treatment, again, I -- approximately a year ago I had FOILed Suffolk County Health Department for performance records on the chromoglass system, and I asked for the prior three years of DMR's, Discharge Monitoring Reports, and that was May of 2011. In looking at those reports, I was provided with 27 records for those periods, quite promptly, and we can split it or, you know, you can crunch the numbers any way you wish, but the majority of these systems are failing to even meet drinking water standards. And as I previously described, we've got to do a lot better and start to be thinking about ecological protection which has, again, a much higher bar or threshold.

New Jersey Pinelands Commission, which has a program underway to try to incorporate and establish innovative alternative systems, progressive wastewater treatment systems right down to the single family scale, has actually suspended chromoglass, new installations of chromoglass based on poor performance. And again, what they are trying to strive for is ecological protection, but nevertheless, the criteria that they set forth chromoglass is not meeting.

To the County's credit, and I was very pleased to see this roughly a year ago, Suffolk County embarked on an analysis to look at these innovative alternative systems through the consultant H2M. And to my knowledge, they've done a very good job of really canvassing other states that I would argue are well ahead of us in this front. But nevertheless, in their analysis, and I know we're in part -- entering part two of it, if not, you know, the report's perhaps close to being provided, but I was very pleased to see there are two new systems that were approved for installation on a larger scale, I believe a thousand gallon flow or greater, so this would exceed single family residences but more into the multi-family, and the two systems are Nitrex and the other is BESST. And from my review and analysis, looking at Nitrex' performance and evaluations done elsewhere, it demonstrates superior performance, treating effluent down as low as two and three parts or milligrams per liter. So that's state-of-the-art, that's really as good as it gets. And again, it's very favorable that now we are open to incorporating Nitrex and BESST into new wastewater treatment areas.

The crux of what I guess I'd like to say today, I think we really need a full evaluation of our wastewater policy recognizing that, again, we've been approaching this with deficiencies relative to surface water protection. So I would argue that certainly the best available technologies, state-of-the-art as they stand today, should be incorporated without delay.

I would further argue that, you know, in absence or instead of the ten milligrams per liter standard, that we actually assign a five milligrams per liter standard, thereby requiring these state-of-the-art systems. And I think the low-hanging fruit really is new development and new development of some scale, multi-family.

I recognize, certainly, the economic state. I know there's no two ways about this, it's going to cost us money to reverse course here. But I think without delay and just to start to set the stage for progressive wastewater treatment, there's absolutely no excuse not to require, again, these state-of-the-art systems as they are being approved -- case in point, Nitrex -- and again, apply a standard at the end of the pipe at five milligrams per liter and have this policy revisited every, say, five years to see if we've gotten better in wastewater treatment.

You know, the world is dealing with this. You know, the United States, our neighbors in the states are dealing with this, and we've got to get on board. Because, again, the trends that I've shared with you between, you know, the state of our groundwater as defined by the County's own study as well, you know, scientific institutions such as Woods Hole, don't bode well. And, you know, as I sat here for the last hour listening to discussions on, you know, the financial state, you know, recognize how our three estuaries are the economic engines for Long Island, for this County. And if we continue to allow them to be degraded and see the water quality go south on us, we're going to have serious economic problems associated with, again, their poor condition.

So I appreciate your time today. I appreciate consideration to my comments. And, you know, again, I will reiterate this point; I know this is not easy, but it is a very challenging issue. And I just ask that, you know, even in absence of the necessary funding for, let's say, incentives and tax abatements, you know, creative ways of making this happen, both on a larger scale as well as right down to the residential scale, we've got to make this happen. While in thinking of this, part two of the study as I understand it is really looking at these on-site systems, the residential scale.

CHAIRMAN SPENCER:
I'm going to ask if we could -- at this particular point, Legislator Romaine has a question. And I do appreciate -- you know, you were invited, which we haven't limited you to the three minutes, to address this particular issue, but I'm going to ask -- Legislator Romaine has a specific question he would like to ask.

LEG. ROMAINE:
Thank you for coming, Kevin. I just have a few questions. Number one, what are the impaired water ways in Suffolk County? Is it true that all of our southern bays, all of our southern waters are considered impaired waters by the State of New York?

MR. McCALLISTER:
That's correct.

LEG. ROMAINE:
That would be Great South/Moriches Bay, Shinnecock and --

MR. McCALLISTER:
Quantuck.

LEG. ROMAINE:
-- Quantuck Bay.

MR. McALLISTER:
Yes.

LEG. ROMAINE:
So all of our southern bays are considered impacted waters by the State of New York; mainly because of the amount of nitrogen?

MR. McCALLISTER:
Correct.

LEG. ROMAINE:
Okay. Sewage treatment plant; the standard is ten milligrams per liter of nitrogen?

MR. McCALLISTER:
That is --

LEG. ROMAINE:
The State standard?

MR. McCALLISTER:
Well, that's the standard, that's how we manage wastewater.

LEG. ROMAINE:
Right.

MR. McCALLISTER:
And certainly for the in-ground discharges --

LEG. ROMAINE:
Well, I'm going to get to that, but that's for sewage treatment plants. Although yesterday I heard -- we were talking about, we had a meeting to look at a potential sewer district in Center Moriches and we found out that many of the surrounding sewage treatment plants exceeded that limit on many days.

MR. McCALLISTER:
That's correct.

LEG. ROMAINE:
So even that limit is being exceeded. What is the normal flow of nitrogen per liter for cesspools and/or cesspools and septics.

MR. McCALLISTER:
What's been assigned relative to septic systems and with water conservation devices, it's up to 40 to 50 milligrams per liter.

LEG. ROMAINE:
What is the maximum concentration of nitrogen milligrams per liter that estuarine waters can assimilate without adverse impacts to water quality and obviously wildlife?

MR. McCALLISTER:
The State of Massachusetts actually recognizes a standard of approximately point three milligrams. Locally here in Suffolk County, through the good work of the Peconic Estuary Program, they assigned point four five milligrams per liter. So, I mean, there's some variability, but we're talking roughly a half a part before we start seeing --

LEG. ROMAINE:
A half a part. And we're saying that cesspools are putting out a hundred times that; could be putting out a hundred times that?

MR. McCALLISTER:
Yes, but I want to put it into context. Obviously there's the dilution factor based on --

LEG. ROMAINE:
Right, there's dispersion, I understand that, with groundwater.

MR. McCALLISTER:
Yes.

LEG. ROMAINE:
You think that Suffolk County should adopt a total nitrogen discharge standard for new construction and when conventional systems are replaced. I was reading some of the material that you had discussed. Is that what you'd like to see this County adopt?

MR. McCALLISTER:
Absolutely. We have to get more stringent on basically the nitrogen effluent standards. Again, I'm repeating myself, but managing wastewater for drinking water protection and public health is just not sufficient or insufficient for protection of our coastal waters.

LEG. ROMAINE:
Let me ask you this. We've talked about our southern bays being considered impaired waters because of the excessive amount of nitrogen in them. Let's talk about groundwater. There was a study that was recently done talking about the layers of the aquifer, and one of them was kind of surprising. Could you comment on that at all?

MR. McCALLISTER:
Yes. The report found -- and numerically, with respect to the actual values, I'd have to see the document again, but I do recall the upper glacial aquifer in the study period of 1987 through 2005 experienced a 40% increase in total nitrogen, and the lower underlying magothy aquifer, I believe it was a 200% increase in that same period.

LEG. ROMAINE:
A 200% increase; this is where we draw our drinking water from.

MR. McCALLISTER:
Yes, correct.

LEG. ROMAINE:
Let me go on. I was --

CHAIRMAN SPENCER:
Excuse me one moment.

LEG. ROMAINE:
Last comment, and then I'll stop. The United States EPA, it's my understanding, has established a limit of wastewater treatment technology to be three milligrams per liter of nitrogen; obviously, something that is far in excess of what this County does. It's a far stricter standard what the EPA has established for a limit of wastewater treatment. Do you think that there should be action by either the Health Department and/or this body to try, realizing the threat that groundwater and surface water fades from nitrogen to try to deal with that?

MR. McCALLISTER:
Absolutely. EPA has identified the three milligrams as probably as good as it gets currently. And certainly through the analysis that was just performed looking at these alternative systems and, again, identifying Nitrex, we are down around that with performance. So again, there's no reason as an approved system that this should not be required in all new development, and certainly in retrofitting systems that need replacement.

LEG. ROMAINE:
The people I talk to say there is a reason, it's called expense, they can't afford it. You may want to address that.

MR. McCALLISTER:
I would argue, certainly when it comes to the larger scale, as I understand it, these are competitively priced with chromoglass, for instance. So, you know, why put a system in that continues to fail, and I'd argue that it's time, really, to decertify, if that's the appropriate word, chromoglass in favor of Nitrex, now that it being on the approved list. And I'll, again, be rhetorical; you know, what price do you place on clean water with respect to cost? And if we don't pay now, which, you know, there is a cost assigned to this, we're going to pay dearly at a later time and that later time is not too far off in the distance.

CHAIRMAN SPENCER:
I have a couple of other Legislators that have comments. But I would like to state that I have asked our Commissioner to actually give a presentation on chromoglass and to be kind of prepared to be part of this discussion. With the consent of the Legislators that have questions, could I defer to Dr. Tomarken or would you like to ask your questions now?

LEG. ANKER:
I have a question for now.

CHAIRMAN SPENCER:
Okay. So Legislator Anker.

LEG. ANKER:
Thank you for being here today and giving us your insight into this. Brookhaven Town is using Nitrex; is that the name of their system? What's your thoughts on that, and do you know how it's -- how is it working with the town?

MR. McCALLISTER:
To my knowledge, they have indicated their interest in trying to incorporate Nitrex in some of the new developments. I don't think they're there yet, so there is no performance. Other than certainly what the County's evaluation demonstrated, and I do have knowledge of other testing regimes in other jurisdictions that certainly continue to -- Nitrex continues to demonstrate superior performance.

LEG. ANKER:
All right. Thank you.

CHAIRMAN SPENCER:
Legislator Hahn?

LEG. HAHN:
I think I can wait for the Commissioner. Thank you.

CHAIRMAN SPENCER:
As Mr. McAllister was speaking, we did have a couple of other yellow cards that came in, but I do want to continue with this discussion.
I would like to invite Commissioner Tomarken to please come forward.

While he's coming forward, Mr. McAllister, if you wouldn't mind, for just the purpose of the record and this committee, could you just briefly share with us your credentials?

MR. McCALLISTER:
Yes. I hold Undergraduate Degrees in Natural Resources, Conservation, Marine Biology and a Masters of Science and Coastal Zone Management. I was employed in Palm Beach County for roughly 12 years in resource management, and in my current tenure as Peconic Baykeeper since early 1998. So I consider myself a reasonably versed biologist and certainly water resource manager.

CHAIRMAN SPENCER:
Thank you, sir. And thank you for your work. But please, we're going to have more questions. Commissioner, please.

MR. McCALLISTER:
Should I stay?

CHAIRMAN SPENCER:
I think there's room there. Slide over a little bit.

COMMISSIONER TOMARKEN:
Good afternoon. I'd like to introduce two gentlemen on my left -- well, there will be two. Walter Dawydiak is there, he's the Acting Director of the Department of Environmental Quality, and Walter Hilbert is in charge of Wastewater Management and they will give a presentation and be available to answer your questions. Thank you.

MR. DAWYDIAK:
Thank you, Mr. Chair, Members of the committee, for the opportunity to be here. My name again is Walter Dawydiak, I am the Acting Director of Environmental Quality. Before too much time passes and my aging memory forgets, if I could just have an opportunity to clarify a couple of the observations made by Mr. McCallister. We're undoubtedly going to have more questions than comments.

We are in conceptual agreement with Mr. McCallister that there is too much nitrogen going into the aquifer with respect to surface water health. There are a couple of things that I wanted to clarify. The first is the issue of advanced wastewater treatment and its possible use. We're going to get into innovative, alternative and advanced treatments. One of the recommendations of the Comprehensive Water Resources Management Plan was to attain limit of technology for waste water treatment in sensitive areas, the lowest being areas that contribute to public supply wells and surface waters. That's pending and held in abeyance until the study is completed and it can be approved by the Legislature, but we hope that by mid-year we can formalize that and get that information to you. And we're in full agreement that when a point source is put out there, it should be reaching limit of technology which is roughly four to six parts per million, hopefully the Nitrex can

maintain its track record and get even better on that.

In terms of households, we love to see houses, individual homes reduce nitrogen. Right now the price tag is about 30 to $35,000 per home with about a thousand dollars a year for operation and for maintenance, which is a hefty price tag for anyone. I'm going to be getting into the next phase of our study where we hope to find some more cost effective solutions before embarking on that kind of an expensive regional proposition.

On the South Shore Estuary Reserve, now I may be incorrect on this because I don't get daily updates, but the last time I checked with the State Department of Environmental Conservation, the South Shore Estuary Reserve was impaired for harmful algo blooms, but nitrogen per se was not listed as the pollutant of concern with respect to the impairment. That's not to say it's not a concern, it certainly is, and certainly in the Forge River it is the impairment. But with respect to the rest of the estuary, that's not a regulatory mandate to reduce nitrogen at this point, although it may at some point become that.

On the chromoglass and on the Comprehensive Water Resources Management Plan, I'm absolutely astounded as to why the confusion in this data exists. You're about to hear about the chromoglass. I'm going to give you about a five-minute introduction on wastewater; Walter Hilbert, the Chief of Wastewater Management, is going to get into the details of these technologies and the performance results. We would welcome Mr. McAllister into our office at any time to review and analyze the data. We can discuss why data is interpreted a certain way, look at his information, see if there's any big discrepancies and rectify them. The chromoglass is a system which has evolved into a highly effective system which you'll hear about; and again, we welcome dialogue on that to clarify any of the numbers.

On the Comprehensive Water Resource Management Plan, we're not going to talk a lot about that today, but what we have is an upper glacial aquifer which has gone from about three to about four parts per million, about a 30 to 40% increase. And we have a magothy aquifer which has gone from about two to about three parts per million which is, again, about a 40% increase. These are significant numbers, but this is about what we predicted. Nitrogen is conservative, it mirrors humans and it mirrors population growth. This is good news for drinking water because the standard is ten. Yes, it's bad news for the estuary because the goal is zero point five, so this 200% number is a little bit alarmist because it implies an exponential trend which is somehow continuing and that is absolutely not the case. Not to say we shouldn't do something about this, but most water quality managers for drinking water look at three to four parts per million as a real success, and it's never going to be ten. It may go to five or five and a half and the next phase of our study is going to have the full build-out, but that water quality has been managed predictably for drinking water and not for estuaries.

The 200% number is based on an incorrect data set. It's based on a different set of wells and a different time period; it's just like comparing apples and oranges. If you look at the same wells and how they've trended, you're looking at roughly a 40% increase, about one part per million which, again, is a concern, but we just don't want that number to be spun into anything inaccurate and overly alarming because we want to be as fair and honest as we can about this data and what it means.

So I'm the Acting Director of the Division of Environmental Quality, Wastewater is one of our units. We have about a 30-year tradition of water resources management programs going back to the wastewater -- Comprehensive Waste treatment Management Plan in the 1970's, the 208 study, we've been the program office for the Peconic Estuary Program since 1993, and we're currently undertaking the Comprehensive Water Resources Management Plan. We deal with pollution control, about 200 clean-ups a year with the 10,000 toxic and hazardous material storage sites. We have a lab which analyzes over 50,000 samples for parameters that most private labs can't even attempt to

analyze. We manage over a thousand public supply wells and there's about 50,000 private wells in this County. And the Ecology Unit brings together the pollution on land, wastewater, toxic, hazardous, what's happening in our groundwater for purposes of drinking water and the estuaries, and wastewater is a big piece of that.

So why are we so concerned about wastewater? We have a million and a half people, approximately 70%, or roughly a million people, who are not sewered. This is probably the only place in the world with that large number and that large density in this tight of space where the waste is going into a sole source aquifer immediately beneath us that we're drinking, and this is a big concern. It affects our drinking water and our surface water. It's very vulnerable. Unlike New York City where you have a big reservoir, we have a very diffuse public water supply network of a thousand wells that are a challenge to manage.

The main constituence of concern with wastewater are nitrogen, volatile organic compounds, pathogens, pharmaceuticals, personal care products. We're going to focus mostly on nitrogen today, it's the easiest contaminant to deal with and probably the most managed. There are impairments for nitrogen in each of our three estuary systems and the situation honestly is getting worse. There's more people and more pollution, we're adding more nitrogen; we're holding the line in many areas, but the trend does continue to get worse.

This is how the basic sanitary system works in Suffolk County for roughly a million people. You have a house, you have about 80 to 100 milligrams per liter, or parts per million, that's the same unit, the total nitrogen coming into the septic tank. About half of that nitrogen is removed by the septic tank in a couple of different ways. Some of it is bound up in the sludge layer on the bottom, and some of it is removed by anaerobic denitrification processes. So coming out of the septic tank, you've got about 50 milligrams per liter total nitrogen, mostly in the form of ammonia. This ammonia is converted to nitrate in the soil mantle between the bottom of the leaching pool and the groundwater which takes this pollution to our drinking water, our rivers and our streams and our estuaries. So when we talk about advanced treatment, secondary treatment was a standard since 1970's, since the 1980's and our sole source aquifer. It's been tertiary treatment.

Secondary treatment essentially refers to removal of biological oxygen demand, the carbonaceous matter, the bacteria eat-up and total suspended solids via organic decay and filtration. So it's basically a matter of oxygen, then bacteria and time, so you have bacteria gobbling up the organic matter. But they don't remove the nitrogen in the liquid phase. To get rid of that nitrogen, you need this additional layer of treatment which is called tertiary treatment. That's a bacteria in the absence of oxygen, it removes the nitrate and 03 and turns it into nitrogen and oxygen gas, it bubbles off. You remove the nitrogen. It's a pretty simple, biological process. Fine tuning the kinks is an art form which you'll hear more about.

This graph gives you perspective about what's coming out at the end of the pipe in relation to standards. You've got a septic tank putting out 50 parts per million and you've got this drinking water standard which is ten parts per million, also the groundwater standard, also the standard which drives the point source sewage treatment plant. Why are septic tanks allowed to put out 50 when the standard is 10? Because they're not point sources, they're considered non-point sources, and the overall nitrogen leached out by the land, not the septic tank, is really the acid test, and I'll get to that in the next slide.

When we're looking at chromoglass and BESST, we're looking at about six parts per million. The Nitrex so far, based on a limited data set in other areas, has been the best performer at about three parts per million. The estuary guideline is zero point five, but keep in mind there's an awful lot going on between the end of the pipe and the estuary. You have rain water and dilution on the site, you have open space which, particularly in this County, has been an immeasurable benefit in reducing nitrogen. You have some denitrification which can happen in sediments and certain

conditions. You've got a lot of delusion in the surface water, you've got a lot of flushing, you've got a lot of biological update from macro algae and rooted vascular vegetation.

This nitrogen, if you can get to the target guideline of about two to three parts per million in most areas and it's not a one-size-fits-all number, you've got a pretty good shot at a pretty healthy estuary and that's kind of where the national thinking is, is to get to the limit of technology and reduce the nitrogen to where it's not ten times the estuary guideline or at five or six which is what we've been doing. Get it down to two or so and then the attenuation is going to occur, then it's going to wind up resulting in a much healthier surface water system.

This graph shows what's actually happening in the unsewered land uses. At one unit per acre, we're putting out four parts per million, so about 50 parts per million coming out of your leaching pool and your septic tank; that's actually diluted to four, but the property line boundary. And at two units per acre or half-acre, the number winds up being six parts per million. So again, those are good numbers for drinking water, the drinking water standards up here are ten; they're not good numbers, still over ten times the surface water guideline.

Certain areas, particularly in northwestern and north central Suffolk, Huntington, Smithtown, northwestern Brookhaven, we have densities upwards of four units per acre or more that have not been sewered. Here are numbers where you have nitrogen creeping up to the drinking water standard which is a drinking water concern, and it's a real concern to the estuaries. Farms on the East End, a big concern, sometimes exceeding the drinking water standard. Open space, a best possible scenario down -- well, we'll certainly sustain a healthy estuary.

This example breaks down what's really happening when you have a sewered area and an unsewered area. People have this assumption that once you put in a chromoglass or a sewage treatment plant you're blowing up the ecology with nitrogen, and nothing could be further from the truth. Between half and one unit per acre, I took an average of a 30,000 square foot lot size. You've got about five parts per million coming out of there, so roughly half of that is fertilizer and half of it is sanitary. We can quibble about the details, but that's just about what the prior studies have shown within Suffolk County.

You can triple the density to a 10,000 square foot lot and you're still reducing the nitrogen by 40% because you're denitrifying at a 5-to-1 ratio, instead of 50 parts per million coming out you've got 10 parts per million coming out. So even though you've got this development which is three times more dense, with the sewering you're reducing the nitrogen. And this last one refers to this limit of technology that Mr. McAllister had referred to and that's pretty accurate, that two to three parts per million are the numbers that are generally used nationally in terms of about how low you can go. In New Jersey, they use a combination of lot size and nitrogen removal. They don't get to 10 parts per million, they get to 18 but they use roughly two acres, I believe, as their lot size.

So what are we doing in the County to bring all of this stuff together? We're really at a time of great change. The last time County wastewater policy was really systematically reevaluated was probably around 2000 with the Peconic Estuary Program and the total maximum daily loads which happen. The Department of Public Works is looking at sewering about 22 or 23 areas, I haven't kept up with data, it's over 20 areas where we're looking at either expansion or establishing large-scale sewering. This is not going to happen in over 20 areas and it's not going to happen overnight, but we're hoping that it could happen in some areas. And by using environmental criteria like drinking water and surface water, coupled with economic development, we're hoping this can happen in the most effective possible way.

The Small Package Plant Study is what we're here to talk to you about today. Now, this is plants of up to 15,000 gallons per day and 15,000 gallons per day is roughly 50 households. These are pre-packaged plants which are prefab units dropped in the ground, easy to use, should be easy to

manage with proper operation and maintenance. We're embarking on a new Quarter Percent Program. There was a real call -- the fact that it cost 30 to $40,000, plus operation and maintenance for single-family homes, folks were for in-between measures or alternatives which could reduce nitrogen, not necessarily to 10 or below but from all of the pre-existing single-family homes, and that's really the single biggest problem with nitrogen, how to cost effectively tackle that.

There's a lot of folks out there working on research and development to develop things like iron exchange resins to soak up some of the ammonia in the leaching pool, they're working on chemicals that can be added to the toilet flushing to sequester the nitrogen so it can be bound up in the solids. This will not require a full-scale mini-sewage treatment plant, this would be a simple operation and maintenance fix. Now, I'm not saying these things are going to work, I'm saying that the market is calling for them and the private sector is there developing them and they're doing it in a big way because there's a huge need.

So we're undertaking this one-year process to develop -- to test these products which are being developed as well as any other alternatives, and we're going to pull all of these things together in a regional plan which looks at costs and benefits and alternatives to the estuaries as a whole as well as to specific pilot areas and we're working with the towns to develop areas of high priority. The Forge River, for example, we found that existing nitrogen in the groundwater was already 10 parts per million. If we do nothing, that number is going to go to 14; if we provide wastewater treatment, that number is going to go to four. That's a huge difference and that's going to permanently impact the quality of the Forge River if we can pull that off in that particular area.

So that's the kind of analysis we need County-wide to lay out the scientific impact and work on cost benefits and implementation, because this is a policy issue which far transcends the County Health Department. The State Department of Environmental Conservation are the people that set the surface water standards and the total maximum daily load. This is not simply a healthy drinking water issue, this is an issue where we need to work together with Federal, State and local stakeholders to come up with a good wastewater master plan and that's what we're hoping to do by 2013.

So these package plants. Why do we allow these package plants? The first is the law requires us to allow them. If they can meet ten parts per million they're an acceptable treatment and it's up to us to decide whether they can reliably do that. The bigger reason, again, is that these are substantially entirely sub-surface and they take up a lot less room than a full-scale sewage treatment plant. They have reduced separation of distances; instead of 150 feet to 200 feet to the property line dwellings, the distance is 75-feet because they're prefab, they're easy to operate and maintain, they're strictly below ground. A lot of the types of exposure risks that happen with full-scale sewage treatment plants don't occur with this type of a system.

So these are a great way to foster economic development while protecting the environment. This could be a win/win where we can get significantly less than ten parts in wastewater, either for retrofit for prior developments or for new developments; there's a lot of flexibility. Like a lot of systems out there, rather than one preferred one, number one, if they meet the system from the Health Department, if they meet the 10 milligram per liter standard, from the Health Department's perspective we're legally required to consider them.

More importantly, alternatives and competition are really going to improve the state of the process. For a while the chromoglass had a strangle hold on the market for these things, now we have three alternatives out there and I think it's going to push everybody to develop a better product, to develop it more cost effectively and get more people so that we all benefit from this.

This is a nutshell of a system, and Walter is going to go into greater details on the technology and the numbers, but the chromoglass and the biologically engineered single-sludge treatment, they're really highly engineered, mini-sewage treatment plants. They're not good for really small flows due to their nature. You may have heard about why these things don't work in New Jersey, the chromoglass. It's not designed for 300,000 gallons per day. You need two, 3,000 or more to get reasonable flow, reasonable food-to-mass ratios and treatment in these things.

Well, Nitrex is a little different because the chromoglass and the BESST, they rely on a certain flow and a facultative bacteria which can move from the aerobic to the anaerobic phase. The Nitrex is a little simpler in that you have a septic tank in front, then a leaching pool in the back and you're adding an aeration and a denitrification unit in between, an aeration chamber and a passive denite filter. So based on the nature of this system, it's a little more conducive to smaller flows like single-family home or small number of units. They're not used in Suffolk County with the exception of the Scully Estate, there's roughly 20 or so out there in the country. They've not been out there for 50 years, it's been on the order of a decade, but the performance is promising when they're approved for use in Suffolk County. The chromoglass and the BESST have both been hitting about five to seven parts per million nitrogen, which is excellent performance. The Nitrex has done even better. We think that the chromoglass and the BESST can attain better results if properly operated and maintained.

The systems all are about 50 bucks a gallon, or 15,000 bucks a homeowner. This is less than half of an individual on-site system. From a policy perspective, you don't want to have hundreds of thousands of homeowners being sewage treatment plant operators if you could avoid it. All take about an acre of area.

I probably went too long, I apologize. If you have questions for me, I'm happy to entertain them. Otherwise, I'll turn it over to Walter Hilbert, our Chief of Wastewater Management, to talk about the specific systems and how they work.

MR. HILBERT:
Hi. Good afternoon, guys. I'm basically here to give you a little bit of the insight of each of these individual treatment systems that we've been approving for Eastern Suffolk County over the past several years.

This is just a conventional septic system design here that we have in Suffolk County today. If you meet your allowable density for your site, you can use a system of this type. It's a septic tank which is nothing more than an area that settles the sewage. You will get some anaerobic decompositions, some removal of nitrogen, the clean liquid passes through, goes to the leaching pools and it is discharged to the groundwater.

Again, just quickly, they reduce about 50% of the nitrogen that comes in. Again, we use somewhere around the 80 to 100 milligrams per liter, the effluent is about 50 milligrams per liter. Benefits of a septic system, they're relatively low cost for -- and this slide here was presented for more of a commercial application, about $25,000, and for an individual on-site home it's about seven or $8,000 for a conventional sanitary system. Again, no mechanical equipment, really low maintenance costs, small footprint and, again, fairly long useful life due to our soil characteristics here. They don't tend to run into too many failures, they don't tend to plug too quickly, so they last about 25 years.

Again, for sewage treatment, once the project is going to be -- that's being designed is in excess of our Article 6 density, 300 gallons a day per acre, 600 gallons a day per acre depending on where you are in the County, you're required to provide for a sewage treatment plant or connect to, you know, municipal sewer. When a project does require treatment, my office is charged with reviewing the engineering documentation, the engineering reports, plans, specification for the construction.

We actually review shop drawings, watch the construction from concrete pours on through equipment being installed, ensure that it's operating properly.

CHAIRMAN SPENCER:
I'm sorry. When is it required that you review it? Could you repeat that one more time?

MR. HILBERT:
It's required. Taking a step back, in Suffolk County there's Article 6 of the Suffolk County Sanitary Code which requires or allows you to discharge either 300 gallons a day an acre or 600 gallons a day an acre. It's equivalent to one house or two houses per acre. So --

CHAIRMAN SPENCER:
That's where I'm -- so it's a range, are you saying it's either one or two?

MR. HILBERT:
One or the other, depending on where you are.

CHAIRMAN SPENCER:
Depending on location.

MR. HILBERT:
There are eight groundwater management zones, in five of them you can discharge 600 gallons a day an acre, in three of them you can discharge only 300 gallons a day an acre. Those are deep recharge areas for our aquifer protection.

CHAIRMAN SPENCER:
Thank you. Sorry about that.

MR. HILBERT:
So once you want to build over that density, you are required to provide treatment. Again, we look at all the nuts and bolts of that treatment system through their construction. Once the facility goes into operation, we have inspectors that go out on a quarterly basis, inspect each sewage treatment plant, do a compliance sample, make sure that the plants are complying with their permits; if they're not, we'll take legal action, etcetera, to get them into compliance with their permits.

For this -- for the rest of this talk, we're really dealing with the systems that are, again, 1,000 to 15,000 gallons a day, again, about five to 50 home range of treatment plant. This is the chromoglass system. It's a modular tank system. Each one of these tanks here is capable of processing about 5,000 gallons a day of sewage. It's what's referred to as a sequence batch reactor plant. Again, you have a set of bacteria in the tank, for a while you aerate where you nitrify, then you denitrify through shutting the air off and simply mixing the tank. Again, there's settle phase, clear liquid is removed from the tank after it has had a chance to settle. It's equivalent to your washing machine. It actually goes through a cycle, the cycle is about four hours and then it repeats itself processing additional waste each time.

Currently there are 32 facilities operating in the County, 26 of them are what we consider steady-state, that means they've been operating with an influent that's been consistent and established over time so that the biology in the tank can establish itself. For 2011, we had a 96% compliance rate, which is actually 25 out of the 26 facilities that were in operation, and the average total nitrogen was 5.1 milligrams per liter. This is a combination of our four samples and their discharge monitoring port samples, taking the average of all the data put together for each individual plant.

LEG. ROMAINE:
Just a quick question. There's 26; I thought there were 32 in the County?

MR. HILBERT:
There are 32 that are in operation, the six of them have been in operation, two of them are -- or three of them are less than a year, one is about two years and another facility, again, slightly older than that, was an office complex that actually didn't have the ability of being rented, so those are not considered steady states. So 26 are at steady-state.

LEG. ROMAINE:
And they're 96% in compliance?

MR. HILBERT:
Of the 26 at steady-state, 25 of them are in compliance.

LEG. ROMAINE:
Okay, like Greenview Court which is putting out 15.3 milligrams per liter of nitrogen, or the Holiday Inn Express which is putting out 10.7 milligrams of nitrogen, or Laquinta Inn which is putting out 13/9 milligrams of nitrogen, or Lakeview Woods which is putting out 12.6 milligrams, or Stone Ridge in Dix Hills which is putting out 9.2, or Villas at Medford which is putting out 16.3, or Saddle Brook which is putting out 17.8, or Spring Hawn which is putting out 28, or St. Ann's Gardens which is putting out 16, or Woodbridge which is putting out 15.6. You're telling me they're, again, 98% in compliance?

MR. HILBERT:
In 2011, yes. For those facilities, they're --

LEG. ROMAINE:
I'm looking at 2010 because those are the recent numbers that have been produced. I don't have the 2011 numbers. I'd be happy if you would forward them to me. The latest data I've been provided with is for 2010. So if you could forward me --

MR. HILBERT:
Sure.

LEG. ROMAINE:
-- the 2011. Because when you say they're 98% in compliance, I'm looking at 2010 where there are multiple, not only slightly in compliance, but grossly over the limit. So unless you've done something in the last year that is -- I guess Kevin's going to give me these.

MR. McCALLISTER:
Partial.

LEG. ROMAINE:
A partial list. But you know what, Kevin? I'm going to rely on the Health Department, and I'm not going to comment on this, so I'm going to give you this back. But I'm going to ask you to give me that and then I would like you, for the plants that I just mentioned, and within a week you'll be able to get a verbatim transcript on-line. I'd like you to go back and tell me how those changed for those plants in one year. Because when you tell me they're 98% in compliance, and in 2010 there looks like there's a number of plants that are not only slightly not in compliance but grossly not in compliance.

CHAIRMAN SPENCER:
Let me ask, are you -- I would like you to get through your presentation. How much more -- you know, is it okay if he finishes?

LEG. ROMAINE:
Oh, no. I just wanted to raise that because --

CHAIRMAN SPENCER:
Okay.

LEG. ROMAINE:
-- it just seems that a contravariance with the information that I have.

CHAIRMAN SPENCER:
Sure.

LEG. ROMAINE:
I'm sure there's -- I'll be provided with a reasonable explanation within the next week or so.

MR. DAWYDIAK:
If I could just point out a clarification for the record for Legislator Romaine? It's 96% compliance of the systems which are in steady-state. So 96% of the 26 steady-state systems were in compliance in 2011. I don't want to mislead anybody on those numbers.

LEG. ROMAINE:
I think I mentioned a number of plants at different locations with the level for 2010. So unless you did something remarkable with these in 2011, which I'm sure you're going to let me know, it would seem that that 96% number doesn't seem to ring absolutely true. And I could be wrong, but I'll wait for the data before I rush to any conclusions. Thank you.

CHAIRMAN SPENCER:
Please proceed with the presentation. Thank you.

MR. HILBERT:
So the average for all of the 26 that were in steady-state was 5.7, we will provide data. And then again, it's about $50 a gallon for the plants.

BESST treatment technology, again, is a little bit more of a technology where it's a -- what could be known as a recirculation process. You have up-front nitrif -- or up-front denitrification followed by nitrification. I'll go through this pretty quickly. Again, we currently have three facilities operating in the County, the average for 10 in 2010, 2011 was 8.1. There are seven full-sized facilities that are in construction right now. We have two, what we refer to as baby BESST which are less than 15,000 gallons per day in construction, and again, it's approximately $50 a gallon to build.

This is the Nitrex System. Again, a conventional septic tank up-front. There is a nitrification step which can be any one of three technologies used for nitrification and they will go to a denitrification filter. It's a proprietary media in that filter that will denitrify before the effluent is recharged back to the environment. These are some of the pictures of what the system looks like, buried tankage; again, before and after, this is the same shot. Again, there's five commercial installations operating in the country including -- and 12 systems including individual homes for the seven individual home systems. The average of the data that we found during our study was 3.4 milligram per liter. Again, the lowest sample that we collected during our study was actually 2.72 milligrams per liter, so, again, highly effective treatment. And for the sake of argument, again, it's about the same $50 a gallon to install.

This is just a quick comparison table on the area that's required. Again, all require roughly about an acre of property for a full-sized system with the required separation areas. The top number is the tank area, the tank configurations vary a little bit. There are that 75 foot separation distance, again, that adds to the buffer requirement and, again, with an assistant performance.

You want to do next steps?

MR. DAWYDIAK:
No, you finish.

MR. HILBERT:
Okay. So our next steps now, again, we're completing what we consider the small package plant study. Hopefully that's going to be completed by June of this year. Again, we're going to begin the innovative alternative, we call it our 50% removal study, again, looking at treatment technology that does not necessarily meet 10 milligrams per liter but will be advanced treatment nonetheless. And again, we're trying and shooting to complete that study by the end of 2013.

CHAIRMAN SPENCER:
I have Legislator Hahn first, she held her question, and then Legislator Browning and then I think Legislator Romaine.

LEG. HAHN:
This is all kind of, you know, another language to me in some respects; I'm trying to get there. So I might ask some very basic questions that I just hope you'll bear with me.

We have, you know, really serious problems, like in communities around the Forge River, for example. Is there any way that one of these -- could we retrofit kind of a community with some of these new systems? You know, maybe a small package plant in a neighborhood along the Forge River; could we use a lot that maybe we took due to tax default, put in a system and hook-up existing homes? Like is there any way you can see? Because we've got to get away from -- I don't even know why we're allowing cesspools to go in the ground right now anymore. I mean, from what you've been telling me, it's like I understand the price, but, you know, we have that fund that we just established.
You know, I don't know why we're allowing cesspools to go back in the ground, when you see all these numbers and what you hear about our estuaries. And so -- but I want to really talk realistically about can we take over a community or a neighborhood, a hundred homes, and hook-up to one system and, you know, really like retrofit? And then those cesspools that are there, I don't know that they come out or do they stay, but, you know, that can all be decided. But can we really invest and improve the Forge River in a real way with this? And then, I mean, I hope I'm not asking rhetorical questions, but we've got to phase out cesspool usage and we've got to get there. Is that what you're getting to?

MR. DAWYDIAK:
I'll take the first shot at this. If you look at the numbers in the groundwater and what's happening with the estuary, there's really only about a 5% population growth potential on the west end, it's more like 30 to 50% on the East End. This groundwater, which is now somewhere in the three to four range, might go 10, 20% higher, but it's not going to go orders of magnitude higher. Really, the problem is mainly the preexisting unconforming densities and those are something that we need to find something -- some way to handle.

To my knowledge, retrofits of entire communities such as the ones you described have not been done in a meaningful, systematic way in other areas of the country, that I'm happy to find examples. We've looked, there was one place in Connecticut where they did it to -- they were basically looking at full-scale sewering and they went with small, decentralized clusters as an

alternative because it was cheaper. But in general, this does not happen. That's not to say that it doesn't need to happen.

The system as it currently exists makes it very difficult for this to happen, because you need -- moving wastewater across property lines, you need Department of Public Works, you need sewer agency, you need Health Department approval, and you also need the land, you need the capital, you need the infrastructure, you need the money. And just because we've identified places to do this doesn't mean it's going to happen.

Now, part of the charge is in the ball of the Department of Public Works because they're looking at these 22 or so areas to either establish new sewer districts, some of which could retrofit prior development, or to expand existing districts. Some of it is in the Health Department's court where we're looking at these smaller, decentralized clusters where we need to find ways to make this happen. This is the most cost effective way and if that's the policy, this is the stuff that's all got to come together in one cohesive game plan and that's why we're doing our next phase of the study. It's not just a 50% removal study, it's to characterize what's in the groundwater now? Just like in the Forge, what's going to happen if we do nothing and what's going to happen if we take any series of actions? And it's also an implementation plan of how we can use resources. And it's not all going to happen at the County level, we're going to need State and Federal support, this is going to need sewering on a regional basis. Our job is to provide the facts, numbers and implementation plans and the policy makers need to find a way to make this happen if this is going to wind up happening. It's a big problem, we're aware of it, we agree that something needs to be done to further evaluate it.

LEG. HAHN:
I think we need to try like a pilot or a one-time shot at like trying to retrofit, you know, neighborhoods. Just get -- you know, studying it, because that's been -- the Forge -- because we can't just keep doing what has been producing severely negative results. I mean, we're closing down beaches all the time. I'm constantly reading in the summertime closing down beaches, you know, we have all these different tides.

LEG. ROMAINE:
(Inaudible).

LEG. HAHN:
Yes. Well, there's all kinds of contributions to it.

LEG. ROMAINE:
Right.

LEG. HAHN:
But we really -- we've got to get a hold on this. And just because it's never been done elsewhere successfully, I mean, I think -- we've got to be thinking outside the box here because of where we -- what we sit over. And our bays and our waterways and our groundwater, you know, interact and it's -- this is a really critical problem.

MR. DAWYDIAK:
If I could just add. This next phase of our study, and really the final phase where all these pieces are going to be pulled together, we've been utilizing a Steering Committee for the Comprehensive Water Resources Management Plan, it's a bar-based group of stakeholders, elected officials, community holders, civics, business people. We welcome any input into the scoping of the study. We certainly don't have the money in our study right now to do a big pilot, but that could be a potential Quarter Percent project that we could propose. So we're happy to work with you, the

Legislature, and the Steering Committee.

LEG. HAHN:
Or refunded through that -- or maybe is that -- through that special fund we set up for alternatives. No? Didn't we set up a two million --

MR. DAWYDIAK:
Yeah, the status of that I can't really speak to. There was a fund set up for innovative alternative on-site septics, it was two million for the small systems, and I honestly don't know where that is right now, but that was one possible option.

LEG. HAHN:
Yeah, because that's got to be very targeted and should be near endangered waterways, etcetera. So we need to be talking about how that's going to be used.

CHAIRMAN SPENCER:
Legislator Browning.

LEG. BROWNING:
Well, thanks for talking about my district. Because we know this has been a problem, again, going back to the past administration's poor planning, no -- just shoddy development. I mean, I can't even explain the disaster that it is. The people who were in the government back then when all of this was allowed to be -- allowed to happen, to really -- I'm not going to say on the record what I think should be done with them, but they should be flogged at least for what they did. It's an absolute disgrace. I'm dealing with this every day. And I'm glad that you mentioned it, Kara.

But out of curiosity, because I know we have pieces of properties that are on, you know, not even 100 X 40 lots. We couldn't even change -- you know, what kind of -- say we just get rid of these septic systems, get rid of the cesspool. What even could you put on that size of property? What kind of new system could you even put on a piece of property that's only 100 X 40?

MR. DAWYDIAK:
I think the minimum lot size for 15,000 was roughly an acre, it was roughly 200 X 200. So that's what you need for a small package plant.

LEG. BROWNING:
Right. So if I built a home tomorrow and I said, "You know what? I'm not going to put a cesspool in. I want to put in one of these new technologies," I would need to be building a home on an acre of land.

MR. DAWYDIAK:
I'm sorry; are you talking about individual home on-site, innovative alternative?

LEG. BROWNING:
Individual homes.

MR. DAWYDIAK:
Oh, no, those separations would be far different. Like these small tiny, mini pre-packaged plants that are used in New Jersey, you can conceivably fit on a smaller lot.

MR. HILBERT:
They use an acre. An acre is the smallest lot.

LEG. BROWNING:
A piece of property in my district that the home is on a 100 X 40 lot, or 100 X 60 lot. Would you even -- is there even something that you can put on that size of a lot?

MR. HILBERT:
I mean, at that point you'd really be looking at doing some sort of sewer collection system, tying a group of homes together.

LEG. BROWNING:
Correct.

MR. HILBERT:
And then going to one, you know, little centralized facility to handle the series of lots, would probably be your best option.

LEG. BROWNING:
Right.

MR. DAWYDIAK:
I'm going to look into this. Up in Rhode Island, they've retrofitted smaller lots with these things and I don't know off-hand what their separation distances are, but I'll look into that and we'll get back to you.

LEG. BROWNING:
Right. And how many gallons per household? You know, is there discharge from a household into a septic system?

MR. DAWYDIAK:
Three hundred gallons per day is a standard.

LEG. BROWNING:
Oh, okay, that's what I thought. So even if you were to, say, collectively put a number of houses together with one of those small package systems, you would need an acre of land for that package system.

MR. DAWYDIAK:
Approximately.

LEG. BROWNING:
I couldn't find an acre for you in Mastic, Mastic Beach or Shirley to put a small package system; that's the truth. I wouldn't even know where I could find an acre for you in the middle of that community. So this is going to be very, very difficult. And how much did you say it would cost for one of those systems?

MR. DAWYDIAK:
Fifteen thousand per household, approximately, up-front.

LEG. BROWNING:
And the wealthy community that it is, I know they'd never be able to afford that. So it is very frustrating, because I know I'm working on, you know, creating the sewer district just for the business district. And what I've learned is that we have not rated very well because the sewer in the entire Montauk Highway, they're saying that the discharge from the business system into the Forge River is not significant enough. It's basically a majority of the households that are the problem and not so much the businesses, which is making it very difficult for all of us.

CHAIRMAN SPENCER:
Fifteen thousand installed? *(Laughter)*

MR. DAWYDIAK:
Fifteen thousand -- Mr. Freas just reminded me that we're not dealing with virgin construction. It will be a little higher than that depending on logistical constraints. Because you're not dealing with an open piece of property, you're dealing with retrofitting not only land acquisition but cutting into pavement and roads and things like that.

CHAIRMAN SPENCER:
Gotcha.

LEG. BROWNING:
Well, I have been working with the Planning Department. Initially I started with Tom Isles, with the changeover, I'm working on trying to create that watershed management area, where if we do take property for tax liens, that we could start looking at maybe if we can get enough properties together. But we shouldn't be developing -- like Kara said. We shouldn't be putting more cesspools, we shouldn't be allowing the developing of more homes with cesspools. And if there's a way that we can create that management area, that watershed management area where a piece of property comes up for tax liens or whatever, that we're not going to auction it off, we're not going to sell it to anyone to build another home to put another cesspool. But again, when you say I need an acre of land? How many homes would you put together, just out of curiosity, for a small package plant? How many homes would you be able to put them on?

MR. DAWYDIAK:
Fifty homes would be the limit for a 15,000 gallons per day system. We've been asked to evaluate the use of package plants for up to 30,000 gallons per day, right now the code doesn't allow higher than 15,000 for a number of reasons; it's kind of a historic thing. Given the new technologies and their effectiveness, in general, the full-scale, above-ground treatment plant becomes cost effective at over 30 gallons per day, in general. So there's a void between 50 and 100 homes where there's no treatment technology. So up to 50 and possibly 100 would be the number.

LEG. BROWNING:
Okay. I appreciate it. It's very frustrating what I'm hearing, because I know the acreage is not there.

CHAIRMAN SPENCER:
Legislators Romaine and Anker, then Kennedy.

LEG. ROMAINE:
I'm going to be very brief. Let's see if I got this right. It's about 50 milligrams per liter for a septic and cesspool combination; is that correct?

MR. DAWYDIAK:
Yes, proper discharge.

LEG. ROMAINE:
About that. Although things peek and spike, we have a lot of sewage treatment plants that from time to time are not in compliance and they're at 10 milliliters -- milligrams per liter of nitrogen. And then BESST and is around six and Nitrex is around three or four; is that correct?

MR. DAWYDIAK:
Substantially, yes.

LEG. ROMAINE:
All right, approximately. We've got to talk about something else.
In this County, not everyone has a septic with their cesspool. Some people just have a hole in the ground of concrete blocks or bricks before 19 -- what was it, '78, '77? When in the 70's did that come in? Seventy-two. In fact, I had a piece of legislation last year that addressed pre-1972 cesspools. Tell me what the standard is for the pre-1972 cesspools.

MR. DAWYDIAK:
The nitrogen which is going to be discharged in terms of what they actually put out is not going to be appreciably different from a septic tank and a leaching pool. Basically you're going to get the same anaerobic digestion and solids retention which is the same mechanism for nitrogen removal as in the septic tank. It's not going to be as effective a treatment because you don't have an overflow of clean liquid into a leaching pool, so they're going to tend to clog and overflow more. What happens when a cesspool fails is people typically put in an overflow pool, so the cesspool is essentially acting like a clogged-up septic tank and it's over flowing into a leaching pool.
The other thing is you're going to be putting out potentially ammonia versus nitrate, because if it's failing and sitting in or near groundwater you're not going to have the nitrification into nitrates.

LEG. ROMAINE:
Free ammonia, right. Okay.

MR. DAWYDIAK:
Which is also less desirable from a treatment process. But in terms of nitrification, you're really concerned with the nitrogen, the total nitrogen, then the number is not going to be a whole lot different. Cesspools obviously pose a safety concern because they can collapse over time, that's another issue why it's a good idea to upgrade them.

LEG. ROMAINE:
Well, last year this Legislature put in money, there's a lawsuit, probably we'll lose the money, but we put in money and I figured we'd spend it before we lose it and I put in a bill. The Legislature had set aside $2 million for on-site wastewater treatment, and I put in a bill that said let's focus in on nitrogen sensitive zones, and I came up with an arbitrary, purely arbitrary -- people said don't do, you know, travel times for nitrogen to water, just don't do meets and bounds, do a simple standard. So I said a thousand feet within any body of water and I said let's take that $2 million and say to everyone -- instead of mandating for a change, let's say to everyone in that zone throughout Suffolk County that has a pre-1972 cesspool, let's replace it and let's offer from that $2 million to pay for half, getting somewhere between two and 400 cesspools replaced -- not a lot, but certainly using that money up because that's all we had -- and that bill was repeatedly tabled. That bill was repeatedly tabled.

Now, did I see that as the end-all or be-all? Absolutely not. If you're a Legislator, you know you can't get things done overnight. That was my foot-in-the-door approach, because the next level was then to start talking about on-site wastewater treatments. Now that we tried to deal with the pre-1972 through an incentive program, maybe the next step would be less incentives to encourage people to take advantage of that. But quite frankly, this is an economic challenge, but it's an environmental, could become an environmental disaster.

The sad thing -- and you all know this, I'm not talking to people who don't know their stuff, you all know this -- we could shut down every cesspool in Suffolk County today, it won't matter. It won't matter. But guess what? In the next 25 years, because there are some parts of this Island where the travel time from nitrogen from groundwater to surface water is 25 years, it will still be flowing into our surface waters, and that's one of the scariest things when you think about that. Even if we could solve the problem today, this problem would persist. And we are no closer to solving this problem today because of the economics of it, and this is what's really scary.

Now, that's outside your domain. You give us the data, I'm just trying to make sure the data is all okay. I have my concerns about chromoglass, I have expressed some of them. But you know what? Putting that aside, we have to have more alternative systems, and we have to think about how we're going to drop the cost of those systems and we're going to have to think about what we're going to do and how we're going to, through incentives and mandates, start cleaning up our groundwater and our surface water. Because if we don't, we're going to inherit something that we never wanted. Look, as a little boy I remember swimming in the Great South Bay and Moriches Bay; I don't think too many people are interested in doing that. And yes, nitrogen may not be in the Great South Bay, the major culprit, but it's a culprit, and I think there's other culprits that are going to be worse.

And I could go on about road run-off and what we're doing there. I mean, this is a County that spent $200,000 on filters, but actually spent a million because, guess what, we tested the filters, we claimed they didn't work, we pulled out all 200 filters and we haven't substituted those filters. I'm sure we all know how we spent that money and what good that money did us. All those filters were proven, at least DPW says, not to be effective and they pulled out all of them, they're sitting in yards. But other municipalities like Southold and Patchogue are asking for those filters, if they can get them because they're sitting there doing nothing, but we still haven't come up with a solution to road run-off which is creating great numbers of problems for us throughout this County in terms of surface waters.

So I've got to tell you, you've got a huge job ahead of you. I probably would say you probably don't have enough staffing. God help us to address some of these issues. But you know what? You know, unfortunately the economic crisis is probably going to overwhelm us, and five or ten years from now when we pop up our heads, we'll take a look at the damage that was done and wonder if, you know, we can survive some of damage that's going to be done to our environment in the interim. Thank you very much.

CHAIRMAN SPENCER:
Thank you for being brief, Legislator Romaine.

(*Laughter*)

LEG. ROMAINE:
Sorry. Passionate yes, brief no.

CHAIRMAN SPENCER:
Go ahead, Legislator Anker.

LEG. ANKER:
I'm going to be a while, so just --

CHAIRMAN SPENCER:
Okay.

LEG. ANKER:
No, I'm joking. I'm joking. Again, thank you for being here today and giving this insight of the situation.

CHAIRMAN SPENCER:
This is very important.

LEG. ANKER:
It makes me wonder, you know, did the Romans and Greeks have a better system than we have right now? You know, again, protecting their environment, you know, so long ago, ancient society. And here we are with the technology and the insight that we have and, how can I say this nicely, we're really screwing things up. We really are and we have, and we're realizing it, and I think that's -- at least we're at that point where we finally realize that we need to start doing something. So I do appreciate you coming here today and giving us at least a start. I mean, I know you've been doing this for -- how many years have you been addressing this issue?

MR. DAWYDIAK:
I've personally been here 24 years working on these programs. The Environmental Quality Unit goes back to the 1970's and the advent of the modern environmental movement, the Clean Water Act. So we've been here pretty much since the beginning.

LEG. ANKER:
And as you've been following the situation, you know, and the standards have changed, technology has changed, what is your analysis of a time line? This has to be doable, no matter what, how we look at it, it's got to be doable. But what -- if you were able to rectify this problem in a realistic and practical way, what would be your timeline and how much would it cost?

MR. DAWYDIAK:
I can't possibly begin to speak as to the cost because, again, that's a policy issue as to how the implementation is going to wind up working out. That's not something within our Health Department domain.

I mean, my personal goal is by the end of 2013 to have another game plan together, because we don't really have a good wastewater game plan. I think it's just great to hear this passion and this interest in the topic of wastewater, I've never seen this before in my career. I think everybody knows that we need to do something, otherwise we're going to wind up where we're headed, which is not a good place.

I think we need to pull these pieces together, we need to try these new technologies. I'm not foolishly optimistic that we're going to find an easy magic bullet, but I think we need to exhaust every avenue. And as a chemical engineer, I think that there's a lot that could be done that hasn't been done because it hasn't been demanded and now we're demanding it. And next year we're going to pull these pieces together, we're going to give you options, the impacts if we do nothing, the impacts if we do a series of things and what the costs are and how they're going to get implemented. That's when the decisions are made. You know, our hope is that over a 10 to 20-year timeframe we can leverage and implement a lot of this.

The good news is, you know, I view 25 years as good news because with advances in medical care, I'm hoping to live that long, as are all of us. But I think that most of what influences these systems is shallow-flow, close groundwater. Yes, there is longer travel time and longer impacts, but you can make major improvements if you change course in a relatively foreseeable timeframe, and that's where we all want to go.

LEG. ANKER:
And again, I think -- you know, like diseases like cancer, we're not really going to see the full effect, like legislator Romaine had mentioned, for another, you know, 10, 15, 25 years, and hopefully we'll be smart enough and brave enough to take measures to correct that. I mean, this reminds me when I was sitting on Brookhaven National Lab's Community Advisory Board and, again, you know, they came up with alternatives; if we don't do anything, if we do -- and then the different costs that were involved in the tests that were being done to remediate some of the issues they have at the lab.

And I think, again, you have a very supportive Legislature and I'm sure very supportive County Executive. And we need to remember -- and again, finance and the budget is a huge burden. But like Kevin McAllister was saying, it's Long Island. This is our economy, our water, and if we're not going to have clean water for our tourists, for our fisherman, we're going to lose billions and billions of dollars if we don't invest probably the millions that we need to right now. So again, I appreciate your guidance, and whatever information you can give us to help facilitate this is always welcome.

CHAIRMAN SPENCER:
Thank you. Legislator Kennedy.

LEG. KENNEDY:
Thank you. Thank you, Doctor. And gentlemen, thank you for being in front of us. And as you -- many of you there at the table know, unfortunately, or maybe fortunately, sewering and wastewater seems to have taken up far more than it ever thought it was going to in the time that I've been in as a Legislator. With five sewer districts, including 22 which is right behind us here which is woefully failing and collapsing, and groundwater that has gone as much as only six inches below ground level and septic systems that have gone collapsed and foundered all over the place, sewering for me is something that I have been a proponent of in the Smithtown area almost from the time that I started. But the -- I guess what I would ask you to do is is look at a couple of things.

First of all, I applaud you for focusing on the nitrogen content. It is critical that we, you know, try to put into place any of the technologies. What I hear from the development community is that they are thrilled that you have actually embraced some alternatives to the chromoglass system. I don't know enough to actually be able to speak about whether it is a good system, a bad system, an average system, I don't know, but I hear a whole bunch of different things out there and not all of them are good. The addition, I think, of the Nitrex and the other systems to me, with that community, seems to be something that's welcome. So I applaud you for putting that into place.

But I want to go one step further and I want to ask you, I want to almost like beg you to go ahead and to collaborate with Public Works, particularly when we talk about the operations of municipal sewering. And for that matter, our 170 plus private STP's. Because it is an absolute disconnect that when developers go through the application and approval process, and I'm going to speak specifically about Galleria now, SD-4, which has been 12 years in the process of moving from being privately constructed with the proviso that it be turned over to the County for municipal operation and our inability to effectuate that because of a Public Works Department that wants to charge four times what the cost is that they pay now in the private sector to maintain it. And no matter how much I talk about water quality or about any other thing, the average person who's living in one of those units who runs their washing machine or flushes the toilet says, "You've got to be nuts to think that I'm going to pay four more times to do the same thing."

Internally we are inconsistent. We do everything that we can to make sure that people are going to do the right thing in the first instance and then we don't complete it. So it is critical that you join with them to work out the cost and the long-term operation, monitoring and maintenance. You guys do a good job when they come out for those product systems on an emergent basis. I guess the jury is out as far as, you know, the long-term operations and maintenance. Spring Meadow is a perfect example. We're going to get there to get it connected, but it's another 13-year debacle to get this thing to the point where it can link with our County Sewer District System, SD-13.

I am more than happy to go ahead and jump up and down and make all the supportive noise that I need to as an elected, but I need you gentlemen, as experts, to help lead the way, and I say the same thing to Public Works. So I'm just going to ask you, please collaborate. Thank you.

CHAIRMAN SPENCER:
Thank you for the presentation. It's really been -- first of all, I'm someone that takes an interest as a physician and just as someone that's environmentally conscious, but I'm surprised at just the amount of things that I just received an education on in your presentation today. And I think a huge part that we're not underscoring is just public awareness and making sure that we put that -- you know, we have that campaign is also part of this. Because I think if the public is aware, they're going to be more likely to cooperate.

I have also a lot of questions that I would like to present, but I'm going to actually take those off-line. With regards to our Health agenda today and which dovetails nicely into this, I did ask the Commissioner, we were looking at the current permit process and I think there have been concerns from the business community with regards to the amount of time it takes to get a permit through the Health Department. And I know that this is something that the Executive's Office is working carefully on, but I also think that this committee, as the Legislature, has also an important interest in being involved.

And I can see, with the concerns with regards to wastewater and development, I could see a competing interest here that we have a need for expediency, but we also have a need to do our due diligence and to make sure that we are meeting or protecting our society. So I've asked Dr. Tomarken -- and what we can do. This is a double Legislative month, so we will have another committee meeting, but I know that a couple of the Legislators have expressed interest. Could you comment, just briefly, with regards to the health permit process, if you would? And I would like -- I know Legislator Anker has a couple of questions. Thank you again, gentlemen. I don't know if you are -- are you going to be around a little bit longer?

COMMISSIONER TOMARKEN:
They can stay if you need them.

LEG. BROWNING:
There are a few resolutions that I would like to get their comments on.

CHAIRMAN SPENCER:
We do have a couple of resolutions that I would like their input on. So I apologize for holding you, but if you could stay a little while longer, I would appreciate it.

COMMISSIONER TOMARKEN:
Thank you. Again, good afternoon. I'd like to introduce the newest member of the health care senior administrative staff, Jennifer Culp, who comes to us with a great deal of experience from her work in New York City. And she is taking the lead on the permit process and she will update you as to the process and its ongoing goals. Thank you.

CHAIRMAN SPENCER:
Thank you. Welcome.

MS. CULP:
Okay, thank you. So I'm here today to give an update to some of the work we've been doing to update and modernize and streamline the permitting process. And I thought I would just start by giving an overview of the number of applications that were submitted to the Health Department in 2011 through the Office of Wastewater Management.

In 2011, for subdivisions there are 141, for commercial there are 341, and for residential there's about 1,850, so this stays pretty consistent over time, usually the same average coming in per month.

In December, 2011, the Office of Wastewater Management staff conducted an analysis of the plan review time and they found the following; that there was about an average of 30 weeks for -- to obtain approval, and that includes the initial backlog, that includes the initial review of the application and design plans, and that includes resubmissions. Typically, after the initial review by a DEQ engineer or sanitarian, there is a request for additional information; that can be anything from a permit that may be required by the town or by the State, an applicant may not meet density requirements which we were talking about earlier, there may be missing floor plans, soil may need to be tested. There's a range of issues that can arise. Once requested information is submitted, the engineer/sanitarian will then review the resubmission of the application, and these resubmissions typically happen within a week of coming back to the department.

What was very interesting is that there is an average of three resubmissions per application. So as you can imagine, that adds a lot of time to the review process and it actually results in the applicant The file for about 80% of the time after the initial backlog period. So based on these findings, as well as some input from the design professional community and the Health Administration working with DEQ, observing the process, our goal of streamlining and modernizing, the permit process has really developed into three areas and that's education and outreach, work flow and technology.

With education and outreach, the goal is that the more the community knows, the resubmissions will decrease. So there's been the creation of a design professionals course, the first course is actually happening tomorrow in partnership with the Long Island Builders Institute and that is focusing on residential applications. There's also going to be a course at the end of the month that will focus on the commercial applications. And, you know, they're really going to be looking -- reviewing the Suffolk County Sanitary Code, going over the standards, the density requirements, siting, application procedures, the final procedures, the site inspections. Also looking at example plans and then looking at a lot of the common problems with the applications. So again, this is going back to really educating the community as to what the requirements are, why these requirements are so important and hoping that the more people understand the resubmission will come down.

We've also -- we're going to be working to expand this course, so working with different labor partners, professional associations, unions, etcetera. The Department of Environment Quality also apparently has pre-meetings where they're available to meet with applicants to go over plans, so if you want to expand a business or do something to your home, to kind of see what the process is. We'd also like to continue to advertise the availability of those meetings and really get the word out there. And the division's also been working very closely on consumer friendliness, how calls are routed, having live people answering the phone and getting back to the applicants in a faster manner.

In regards to work flow, we've been examining the process, again, identifying the common problems with applications and increasing frequency of communication and how the division communicates. So really starting to focus on relying on e-mail, looking at the possibility of doing automatic reminders for outstanding information during those resubmissions.

Staff has also begun to cross-train within the division. As mentioned earlier, the staffing is an issue. In 2010, the division lost two sanitarians with early retirement incentive, and recently a sanitarian and engineer have also left the division. But we're looking to cross-training and ways to improve work flow, to reduce backlog.

And finally, technology, we're going to be working to update the Health website with information on applying for a permit by categories, so really making it clear what you would need to do for a residential permit, what you may need to do for a commercial, etcetera, and making the information easier to find. Right now a lot of it's there, but it takes a while to get there, so making the applications easier to find, the design plans, the standards, it's all there, it's just not very centralized right now.

And the last goal is developing a permit portal where an applicant or a design professional can track the permit status. So the ultimate goal of this, you know, on-line submission of an application, on-line payment, working with towns and DPW, Planning to kind of come together as business develops or expands. We're working very diligently, we've been working very hard all together and we're hoping to begin roll-outs and improvements within the next 60 to 90 days and onward through there.

CHAIRMAN SPENCER:
Legislator Anker.

LEG. ANKER:
It's really good to hear that, you know, things are rolling along. When I first started as a Legislator, I did get quite a few comments about how long it was taking to get a permit process. And again, I heard a story -- I don't know, was it Dunkin Donuts -- two years. Again, I -- and you can't really blame anyone in particular, it sounds like, because it goes back and forth. You know, the permit, the process gets stuck over in the County, then over to the town, then back to the resident or the owner. But it sounds like there's a lot of good things happening, you're moving things along. I have just a couple of questions relating to some of the things that you just spoke about.

You mentioned the courses being offered if people are interested in learning more about the process, which, again, it's changing in itself. Where can we get information on that and how can we, as Legislators, put forth that information to, say, our local chambers?

MS. CULP:
Sure. We have been -- I have a flier, which I can share with you, for the courses in March. The courses in March are sort of like a pilot, so LIBI has really been focusing on advertising within their own membership. But our goal is to start working with the different chambers, different associations. So we'd definitely be working with all of you to help share that information as well and get that out there.

LEG. ANKER:
Yeah, I know LIBI has been helping with this. I think they focus mainly on the residential, is that more of --

MS. CULP:
Right. Well, they're also going to be holding a design professional course for commercial as well at the end of the month.

LEG. ANKER:
Okay, that would be great. As Chair of the Information Technology Committee, it's wonderful to hear that there's progress being made with the websites. Again, there's information -- I remember when I met with you both at the meeting, we were discussing some of the issues. Someone had brought up the way the Health Department reviews information and they mentioned, you know, the 1972, two feet by three foot book, they bring out and they open up and I'm surprised that they're not blowing off dust from where it's been sitting, and they get information from that book. And thank God we have that book, I'm not criticizing it, but it's going to be wonderful to have -- information in that book, it reminds me of Harry Potter and going up from, you know, an attic or something. But to put that on -- to scan it in and put that in a computer where they can download that information, that's going to be wonderful.

And then they also mentioned the microfiche and when they go, you know, to go into something -- I mean, 20 years ago, 30 years ago microfiche was popular. It's nice to hear that we're coming up from where we were in getting new technology to facilitate the issue with the permit process.

And again, I wanted to thank you. If there's anything that I can do or we can do as Legislators to help facilitate this, I'm sure we're more than happy to. But thank you for your -- both of your input and for the time that you've spent in making this process much more user-friendly, and I'm sure it will be a success. Thank you.

MS. CULP:
Thank you.

CHAIRMAN SPENCER:
Legislator Kennedy.

LEG. KENNEDY:
Thank you. And welcome, Ms. Culp. It's good to hear some of those items. I will tell you that I've had occasion to deal with the department on a regular basis when it comes to trying to go ahead and advocate for approvals. My district was the one that had the infamous ten month ice cream store, which was attributed to the department but was not fair at all. As a matter of fact -- and I'm going to go to one of the points that you spoke about. Submitting plans three times means that whomever an applicant or developer selected for planned preparation has a professional who, let's just say they're not all that meticulous. Because if they were, there's a good chance the first time they submitted there would be approval. And certainly anybody can make a mistake here or there, but then the second time they got it in they get an approval. But by the time they put it in the third time, it's pretty apparent that they don't really spend too much time at all trying to get it to the point where it's going to pass muster, and they're relying on you and us to do the design professional's work.

Before I was a Legislator I was an Official Examiner of Title, and I used to encourage my County Clerk all the time to charge something called a reject fee, because the only time you change human behavior is when there is a cost.

(*Laughter*)

So my point to you is strongly consider. Educate, go out, spend time trying to, you know, make everybody aware, but at some point tell them, "Ain't nothing in life for free. We'll do the work, we may even give you two bites at the apple, but by the time a third times comes around, you're going to pay. You're going to pay and we're going to let you know that you're going to pay and it's going to go back to your developer."

The other piece that I'm going to strongly encourage that you advise us of is for those people who are technologically savvy, which I am not, electronic submission, electronic review, electronic return and electronic approval. Because, again, time is money, and oftentimes a building loan is ticking away and when it comes time to extend or renew, the bank will do that for a cost. They don't want to hear, "My plans are taking a while to get evaluated," or, "I've got to do this or I've got to do that." You want to keep a mortgage commitment, it's going to cost. So let's do what we can. If we have to amend the Sanitary Code, we'll gladly do it. If we need to facilitate or allow for electronic signature, we'll gladly do it. We'll even encourage the design professionals to help us develop a secure portal, because the time for them in expediting will be worth it.

I'm pleased to hear that you're putting your attention to this. I ask that you go ahead and just consider some of those things to help us go forward. Thank you.

MS. CULP:
Thank you.

CHAIRMAN SPENCER:
Really good suggestions, I echo your comments. Legislator Browning.

LEG. BROWNING:
Yeah, John. I just want to know why that reject fee was never accepted by that Clerk.

(*Laughter*)

LEG. ROMAINE:
State legislation was needed. We don't need State legislation here.

LEG. KENNEDY:
Don't we?

LEG. ROMAINE:
One third of all those documents filed in the Clerk's Office are rejected.

LEG. KENNEDY:
Terrible.

LEG. BROWNING:
Well, sorry, had to ask. You know, Walter is here. I know I have the biggest gripe about these sober homes that become overcrowded. I look at a local restaurant in my district and because of his septic system, he's only allowed so many seats, okay? Now, I bet you his bathroom is not as utilized as much as the sober home in my district with 40 people. And he has to limit how many seats he has in his restaurant.

One of -- I know, and I don't want to give up on this issue because I think it's the only way that we can go after these overcrowded homes. Is the process -- I understand that, you know, they submit their plans, say it's a four-bedroom, five-bedroom home and you approve the septic system based on how many bedrooms, how many bathrooms, whatever, and then it goes to the local municipality who issues the CO. There's a real disconnect somewhere here. And I know that we have to get the local municipality on board to work with us, but I still think that when that home is no longer a single-family home and becomes a boarding house, there should be a different approval from the Health Department.

And I still want to push allowing us to have more authority to withhold or pull back our approval based on the information that was provided. I want to continue to work on trying to do something with this because it's just not right. In fact, you know, in my family, we're a family of -- we were five in the household, now we're only down to -- now we're down to three. If I wanted to put an expansion on my home, we're still only three people in the home, I would have to probably change my septic system. So there's something -- it's not fair and it's not right, and I still want to see where we can go with this. Walter? *(Laughter).*

As far as enforcement, I mean, we have to have -- I know we don't have enforcement powers, but I think why can't we and why shouldn't we?

COMMISSIONER TOMARKEN:
Well, two things, and I've asked Walter to comment. I think it's based on the number of bedrooms and not the number of people that actually live in the home. But one of the things that occurs to me while you were talking was anybody who has a single-family home and then makes it into a -- and I'm not sure what the right word is.

LEG. BROWNING:
Boarding house.

COMMISSIONER TOMARKEN:
Boarding house, will be obligated to report that to the proper housing authority for a new license or a new status.

LEG. BROWNING:
Well, why would I do that when I -- if I keep that a secret from the Town of Brookhaven, I'm collecting how many checks from each and every individual?

COMMISSIONER TOMARKEN:
No, but I think if you made it a law it would help.

LEG. BROWNING:
Who's going to make the law, the County as far as the septic system, or would it be the municipality? I mean, this is the issue. Maybe Ed's been around here a long time.

LEG. ROMAINE:
Too long.

(*Laughter*)

Too long. Too long. We're working on this together, because you're absolutely right, it's destroyed neighborhoods. I've watched it myself.

LEG. BROWNING:
Yeah. I mean, we just got done talking about wastewater systems in my district. Some of these homes are close to the Forge River.

MR. DAWYDIAK:
I'm sympathetic to the issue. Walter Dawydiak again, Acting Director of Environmental Quality.

LEG. BROWNING:
I don't want just sympathy, though. *(Laughter)*

MR. DAWYDIAK:
The last time that I personally looked into this issue was probably about a year or two ago. And the determination was essentially that we have jurisdiction over a number of bedrooms, so that if a facility was used, just like Dr. Tomarken said, with an excess number of bedrooms, we can compel an upgrade of the septic tank leaching pool to ensure that there's hydraulic capacity. It's zoned a single-family residence and the application comes in as single-family residence, and at the time it was determined that we were legally precluded from treating it as anything other than that. But whether there are any other options or degrees of freedom, we would have to investigate and get back to you. But as of now, the interpretation that we've received has been that it's basically a local Building Department jurisdiction issue, to use patterns and occupancy and that as per the code and standards as they're currently written, it's a hydraulic issue and a bedroom issue.

LEG. BROWNING:
Yeah, but I want to look at an opportunity for us to do -- be able to do enforcement. We issued it to the home based on the fact that it's a single-family residence, which, you know, if it's a seven bedroom home, yeah, you're only going to have so many people. I just want to be able to say that it's a single-family -- it was a single-family home when you issued the approval for that septic system, but when it becomes a boarding house with 40 people, it's no longer a single-family home

and you -- so what your approval was is not what it is today and we should be able to say, "We're pulling it."

COMMISSIONER TOMARKEN:
It's a zoning issue, I think, at least part of it.

MR. DAWYDIAK:
Yeah, absolutely, Dr. Tomarken. It's single-family residence and the way that our code is written and the way that State law binds us, we're not allowed right now to treat it as anything other than that. Whether that can change or not I can't speak to and we'd have to do some research into.

LEG. BROWNING:
Okay. Well, I'm going to -- Ed, I'll accept your offer to work on this, because you know where I'm going. And I guess we'll work with our local municipality on this.

MR. FREAS:
Legislator Browning, haven't we also attacked this issue through the public health nuisance -- through public health nuisances that appear because of the amount of trash and so forth? I seem to remember one of the previous Deputy Commissioners, Mr. Miner, cooperating with Brookhaven Town in a way -- that that was another way to look at some of these aggregate homes that were violating public health regulations, and those guys have maybe a little more authority from the public health nuisance standpoint.

LEG. BROWNING:
I'm not sure. But I will tell you, nothing has changed. So, you know, maybe we'll do more push on the municipalities.

CHAIRMAN SPENCER:
What I'd like to do is this permit process discussion will be standing in the committee over the next several weeks, so there's no way we're going to be able to address all of the issues. I -- please, I had a couple of cards that came in after we started and, you know, I will take responsibility as the Chair, but we did have two from the same organization and they've been waiting over almost two hours and I did want to address them and then move on with our agenda. Because this is a short session, we'll be here in two weeks, so we'll have a chance to go back on-line with this discussion. But I did have Veronica Cea and Denise D'Ambrosia that I did keep them waiting, and I do apologize. I had the cards at the beginning of the session and started and went into my presentation, so I would like to invite you to speak at this time. For making you wait so long, you can take an extra minute if you'd like. *(Laughter).* I do appreciate the Walters who presented today and also Dr. Tomarken. Thank you for taking the time and doing the formal presentations, I do appreciate it. So please, go right ahead.

MS. D'AMBROSIA:
My name is Denise D'Ambrosia. I am an Associate Professor of Nursing from Suffolk County Community College. I am also a practicing palliative care nurse practitioner, and Veronica and I are here really just to inform you of a very frightening trend in terms of erosion of patient rights, especially palliative patients or vulnerable patients.

MS. CEA:
Hi. My name is Veronica Cea, I'm a speech language pathologist. I am Coordinator for a hospital in-patient and a skilled nursing facility and outpatient speech language pathology office.

This is in regards to a November 18th, 2011 memo that came out for the clients of Health Care Compliance Group. During the inter-county seminar recently held on November 10th of 2011 titled *Revised Reporting Requirements*, a discussion ensued regarding the facility's responsibility to

provide food, liquid fluids for a resident who may be at high risk for aspiration, choking or refuses to comply with a prescribed therapeutic diet.

This HCG had requested New York State DOH to respond to this issue and provide guidance to the facilities. They presented a scenario; resident is deemed to have capacity and to make informed medical decisions regarding care and treatment. Specifically relative to consumption of regular food and/or thin liquids which is in opposition to the physician's prescribed diet. The resident had been educated on the risk and consequences of not following a physician's recommendation for an altered consistency diet and/or thickened liquids. And they asked, "What is the facility's compliant approach and responsibility?"

Since this memo came out in November of last year, the response to this memo by skilled nursing facilities in Suffolk County has been negative. The result of this memo has had a profound effect on patient's autonomy and their rights to eat and drink, despite their risks of aspiration.

MS. D'AMBROSIA:
So oftentimes people say, "Well, what is the difference between palliative and hospice care? Hospice, in order to qualify for that paradigm of care, is six months to the end of their life anticipated. Palliative can come in at anywhere along the spectrum, from diagnosis of any serious chronic illness to be inclusive of end-of-life care. So if you consider the rights and regs associated with being a hospice patient, yes, they are stringent, as they should be. But palliative patients we seem to kind of fall into a gray area and this is one of those gray areas, and unfortunately we've really had quite a few patients within the last month that have had their rights eroded away.

MS. CEA:
This is also for those potential rehab patients that have medical complications in the hospital that have now had documented aspiration, and then they choose to continue to eat and drink, and now it's come to the point where skilled nursing facilities, rehab centers or palliative care centers are refusing to admit these patients for rehab or palliative care due to this diagnosis.

MS. D'AMBROSIA:
So if you consider -- if somebody's prognosis could be as long as a year, sometimes two years depending on what the illness is, if we force them into making a decision that may not necessarily be congruous with what they would like in terms of no feeding tube or no artificial hydration, they wish to eat or drink, even though we consider it pleasure-feeds, then the issue is that's being taken away from them, and/or their rights to be in a facility are grossly impinged upon.

MS. CEA:
And so that's why we're here today is to make you aware of that.

CHAIRMAN SPENCER:
Legislator Romaine?

LEG. ROMAINE:
What was done if someone had one of these conditions or situations occurred in the past, how was this treated differently from the memo that has guided treatment that came out in November, what was done prior to that?

MS. CEA:
I've been an acting speech language pathologist with geriatrics for about 12 years now. And in the past, when the patient has had documented aspiration across all consistencies and their skilled nursing facility, their advanced directives are looked at to see if they wish to purchase alternate means of nutrition or hydration, I get a PEG tube; if so, then an appropriate referral is made. If they do not, then an interdisciplinary meeting is held with social work, dietary, physician, nursing,

and the family is educated and the options are discussed.

The most conservative diet, from a speech language pathology point of view, is recommended and the M.D. and the family make the final decision with regards to food. The patient is then provided with dysphasia treatment, monitor their diet, the nursing monitors them for signs or symptoms of aspiration, their temperature is taken, pulminary functions changed; they're going to look at all of that. All is documented; the eval, the progress notes, educational worksheets, care planned. The education is provided to the family and staff, so essentially, we follow the patient and their decision. They want to eat and drink? Okay, we're going to set up precautions for you, but you can go ahead.

Now, since this has come out, this memo, that's not the case anymore. Now from the hospital, they're having difficulty discharging these patients to a skilled nursing facility or rehab or palliative care because they will not get a PEG tube, so they're being denied rehab.

LEG. ROMAINE:
They're being denied entrance into skilled nursing homes.

MS. CEA:
Correct.

LEG. ROMAINE:
Including John J. Foley?

MS. D'AMBROSIA:
Yes.

LEG. ROMAINE:
So this doesn't affect County policy. How many patients are affected by this?

MS. CEA:
Just to go back, just to address once they're in the Skilled Nursing Facility, let's say the skilled nursing facility did not know about their dysphasia; once they're there and they find out about it, then they're actually -- they're --

MS. D'AMBROSIA:
They're denied.

MS. CEA:
They're denied services and they have to be discharged from the facility or they have to get a PEG tube.

LEG. ROMAINE:
Where they can be discharged to?

MS. CEA:
They'll be discharged home with hospice or they're discharged to --

MS. D'AMBROSIA:
Another facility that would accept them. So the problem -- the problem being that in the past what we would do is if a palliative consult was called to help navigate this family through a system that they may not understand -- if you choose this, it's essentially anticipatory guidance -- we would allow the patient to make that decision, and/or the family if the patient lacked capacity, and we would support that decision. We would offer them something called pleasure-feeds.

Pleasure-feeds mean we know that the patient is at risk to aspirate or will aspirate, but the patient wishes to taste something that they loved or, you know, just to improve the quality of their life.

In essence, now what's happened is if the patient chooses no alternative means of nutrition and hydration, they're forced, in essence, to become nothing by mouth, meaning no eating, no drinking, regardless of their prognosis. So what we're doing is we're taking a possible survival, let's say a prognosis of six months and we're making it two weeks.

In fact, it's an uncomfortable death we know. They are not allowed to eat, they're not allowed to drink. The institutions used to allow families to come in and bring pleasure-feeds from home, now the institutions refuse to allow those to occur because they're saying that they are putting the patient in harm's way, and there have been lawsuits in Suffolk County.

LEG. ROMAINE:
Obviously this affects a patient's autonomy, and at some point most of us are going to be at that point in life where we're getting ready to eventually say good-bye, you would hope that at the end you might have some control over some things. Are there other diseases that can cause the risk for this or for actual aspiration?

MS. CEA:
Yes. The patients that would be affected with aspiration or dysphasia, a swallowing impairment, would be those with a neurological disease; Parkinson's, Dementia, ALS, Myasthenia Gravis, MS.

LEG. ROMAINE:
So this would affect a whole scope of people --

MS. CEA:
Head and neck cancer.

LEG. ROMAINE:
-- towards the end of life that are suffering from a variety of diseases or symptoms. I mean, obviously, do you think that feeding tubes are the answer to solve this problem? You obviously don't.

MS. CEA:
No. The CMS actually had a task force that was developed called the Pioneer Network in 2011 and they came out with a set of standards for -- new dining practice standards for skilled nursing facilities. So the memo states, this November 18th memo states that the CMS does not support giving food that poses a risk to resident safety. However, the 60-page Pioneer Network Task Force came up with something much different than that. They addressed this issue, they say that, "Sometimes a resident or a resident's representative decides to decline medically relevant dietary restrictions. In such circumstances, the resident, the facility, the practitioner collaborate to identify pertinent alternatives. Residents should be monitored for desired outcomes and for potential adverse effect." They go on to continually default to patient rights or patient decisions. They state, "No interventions consistently prevent aspiration. No test consistently predict who will develop aspiration or pneumonia." I mean, I know on my end --

LEG. ROMAINE:
Can I make a suggestion? Because this seems like a very serious issue at the end of a very long committee meeting. And we are going to be back in two weeks. And since this does impact the County of Suffolk and the Health Department and our Health Commissioner, what I would ask, with Dr. Spencer's consent, is that possibly in two weeks, between now and then you could meet with our Health Commissioner, Dr. Tomarken. Because this obviously impacts the way we do business as the County at the end of life. And, you know, Ben and I getting there and we're worrying about

things. (*Laughter*)

MR. ZWIRN:
You're getting there first.

(*Laughter*)

LEG. ROMAINE:
So what I would suggest is that we have Dr. Tomarken come, meet with you in the interim two weeks and make a report to this committee, you can come back in two weeks if you wish; does that seem like a reasonable --

CHAIRMAN SPENCER:
It seems very reasonable, and I have to comment. I'm an Otolaryngologist, so this is what I do for a living, and there is another side. I respect and I do think that patients rights should be of the highest priority and I do think that we need to come to a reasonable solution.

One of the issues which I do think it's also important for the record is when you talk about end-of-life care and you look at aspiration and the prevention of aspiration is probably one of the single most important determinant in terms of a massive increase of cost.
Because with aspirations, you know, literally as an ENT, performing tracheotomies, dealing with pneumonias, ventilator care, going from hospice and home sort of settings to intensive care settings when you have pneumonia, so there's got to be a way that we can balance and maximize patient rights, but also take into consideration also making sure that those rights are balanced against people having the ability to be able to make informed choices and also understanding the consequences of those actions.

And when it comes to life versus finances, you know, no one ever wants to ration, but there is another side that has to be discussed.

MS. D'AMBROSIA:
Agreed, Dr. Spencer. Like you said, we do informed consent, but there is also informed refusal. For example, I come from an internal medicine cardiology background before I went into palliative, and someone may refuse a defibrillator.

CHAIRMAN SPENCER:
Yes.

MS. D'AMBROSIA:
It is, in essence, the same thing. It is their right. If they understand the risks -- and we document that so clearly and thoroughly. So again, yes, your point is well taken. But again, we need to consider patient autonomy and if we are indeed considering an end-of-life process. If they were home with hospice, they would be allowed to eat. If they were in a skilled nursing facility on comfort care, they would not be allowed to eat meeting the same criteria.

CHAIRMAN SPENCER:
I'll let you have the last word.

(*Laughter*)

I'm going to move on with our agenda. But we would, again -- we'll keep the permit process on line for our next meeting and we would like to bring you back after a meeting with the Commissioner.

There was one other topic that I will let -- the long-term pediatric care in Suffolk County that I had asked the Commissioner to be prepared to discuss, and it is an issue that was brought forth by one of the Legislators with regards to children that have traumatic brain injuries or neurological deficits, that the families have the burden of traveling great distances in order to be able to find the facility that will care for these children. And just looking here at Suffolk County, our, I guess, ability is to take care of these children, and Dr. Tomarken, I'm going to ask you to discuss that at our meeting in two weeks, we'll do that.

So I'm going to go to our resolutions, and I do have a lot of people that I have asked to stick around. I am going to take the resolutions out of order so I can get the input from those officials who I've asked to stick around for comment. So I've just been advised by our Counsel that I must take a resolution to,

MS. SIMPSON:
Motion.

CHAIRMAN SPENCER:
Make a motion --

MS. SIMPSON:
To take a resolution out of order.

CHAIRMAN SPENCER:
That resolution, is that 1135?

LEG. BROWNING:
Sure. I'll make a motion to take 1135 out of order.

LEG. KENNEDY:
Second.

CHAIRMAN SPENCER:
It's been moved and seconded. All those in favor? Opposed? Abstentions? Motion carries.

Okay, so the resolution, ***IR 1135-12 - Requesting legislative approval of a Contract Award for a limited Public-Private Partnership with Hudson River Healthcare, Inc. (HRHCare) for the operation of "The Elsie Owens North Brookhaven County Health Center at Coram" (County Executive).***

LEG. KENNEDY:
I'll make a motion to approve. But through the Chair, if we can get a brief explanation on this?

CHAIRMAN SPENCER:
Okay. May I have a second, and then we'll have discussion on the motion.

LEG. ANKER:
(Raised hand).

CHAIRMAN SPENCER:
Second by Legislator Anker. So Dr. Tomarken offers that explanation.

LEG. KENNEDY:
We were briefed at length, I believe, at the last committee meeting. Is this just a modification to that reso that we previously passed?

CHAIRMAN SPENCER:
And Ben from the Executive's Office. Thank you.

MR. ZWIRN:
This is basically the presentation that was made at the last Health Committee meeting, and I know that there were presentations made to the Legislature even before the end of last year. The Coram Health Center will run out of money, I think by the end of April, if we don't move forward on this, or come up with $2.1 million. This is a -- Hudson River is an FQHC. It has been recommended by the State for us to do this, they get a higher reimbursement rate.

LEG. KENNEDY:
Ben, I'm a hundred percent in favor of it and I'm inclined to even go on and cosponsor it. I recall we have folks here from Poughkeepsie, I believe, who have waited quite patiently. And my only question really is having had this presented to us and all of us, I believe, embracing it and supporting it previously, I'm just curious, why is it back before us again?

MR. ZWIRN:
This is for the contract.

LEG. KENNEDY:
So we previously --

COMMISSIONER TOMARKEN:
This allows us, if passed -- it was just laid on the table.

MS. BERMEL:
It was discussed but never laid on the table.

LEG. BROWNING:
Table for a public hearing.

MR. ZWIRN:
Okay. It was discussed previously, it was laid on the table, but this is the actual vote to allow us to go forward.

LEG. KENNEDY:
So we're speaking about basically the same resolution we've been talking about all along?

MR. ZWIRN:
Yes, that's absolutely correct.

LEG. KENNEDY:
The takeover, the multi-year process, the retention of staff, the addition of, I guess, a person on the governing board.

MR. ZWIRN:
Correct.

LEG. KENNEDY:
With the retention of the advisory group there at -- everything is still the same, hunky dory?

MR. ZWIRN:
Right.

LEG. KENNEDY:
Great. Good.

MR. ZWIRN:
And the reason -- and Ms. Finnin asked the question about why we're paying the lease. The County is obligated to pay that lease through 2035 weather it's Hudson River or anybody else operating that center. So the County will continue to pay the -- make the lease payments there.

LEG. KENNEDY:
Look, I've got to ask them a question if they came all the way down and traveled four hours to get here.

MR. ZWIRN:
You don't. You don't have to ask them a question. (*Laughter)*

LEG. KENNEDY:
Well, how fast can they get going? (*Laughter*). When are you taking over?

CHAIRMAN SPENCER:
Legislator Browning?

LEG. BROWNING:
Yeah, as far as the lease -- no, come on up. As far as the lease is concerned, how much did you say at the beginning; how much the County is up for this?

MR. ZWIRN:
Pardon me?

LEG. BROWNING:
The lease. We have to continue to pay the lease --

MR. ZWIRN:
It runs to 2035.

LEG. BROWNING:
-- to 2035. And how much is that over again?

MR. FREAS:
Well, I believe it's currently $935,000. Bear in mind that we rent the other side of the building also as a Social Services Center, and that the building was a build-to-suit lease for us that we occupy. I believe we began occupation in 2006.

LEG. BROWNING:
Do we get reimbursement on any of this, the lease?

MR. ZWIRN:
It's questionable whether we'll continue. I think we do get reimbursement, but under this arrangement we may not.

MS. FINNIN:
Not under this.

LEG. BROWNING:
But we don't know that for sure.

MR. ZWIRN:
No, but it may very well be that we will not get reimbursed. This is still a good deal for the County.

LEG. BROWNING:
How much -- well, how much have we been --

MR. ZWIRN:
We are no longer responsible for medical malpractice, I mean, which is no small thing. As you know that you have a $4 million malpractice payment that you're going to have to make, the County is going to be before the Legislature this coming month. So there are major advantages to having the FQHC in our place.

LEG. BROWNING:
Right. But how much money have we been putting into the Coram Health Center, have we been subsidizing it every year?

MR. FREAS:
How much does it -- what the net cost is?

LEG. BROWNING:
Well, what our contribution is every year to the Coram Health Center.

MS. BERMEL:
Two point seven million.

MR. FREAS:
Yeah, the net's about 2.7 million every year. It -- the appropriation, I believe, this year is atypical because it's smaller; it's typically 4.2, 4.3 million.

LEG. BROWNING:
Okay.

CHAIRMAN SPENCER:
Sorry, Sir, go ahead. Please tell us your name if you wouldn't mind.

MR. SINKHOFF:
Yes. I'm Jim Sinkhoff, I am the Chief Financial Officer for Hudson River Health Care.

CHAIRMAN SPENCER:
Thank you, Jim. Jim.

MR. SINKHOFF:
And I think the question that was asked was kind of a timing question. One of the very good pieces of news is that we now have Federal approval for this site. There is a Federal regulatory process that we must undertake, that has been completed. There is a State process which also must be undertaken through a CON process, and we have been working collaboratively with the County and New York State. We have submitted the CON, we are waiting for this process to go through so that we -- the County can give us some important documents rather relative to the sublease agreement which is a document that County -- that the New York State Department of Health requires.

I also have some very good news that we have executed the agreement with Neighborhood Health Plan as of today, in fact, and so continuity of care will be maintained. And we are very close to completing our contractual agreements with Stony Brook University Medical Center for the provision of clinical services, the retaining of staff. And very importantly, the clinical integration in terms of

health IT, because we will be putting in an electronic health record.

Last but not least is our conveyances to increase -- to put dental services into this site, and we did hear very strongly from both the advisory board and from the community that they're very eager to see those services put in place.

LEG. BROWNING:
Can I just ask, because that's what I was going to ask you about the dental. Is there a timeline that you have to do it because of the FQHC, or do you have a timeline?

MR. SINKHOFF:
Well, we do have a timeline. It's not predicated on an FQHC timeline per se, but in order to be -- have the full scope of services. So our anticipation is at the ninth and ten month of the first year, the first year in this case is obviously a fiscal year, May 1 being the anticipated start date. So we're looking at some time in that kind of late quarter, the first quarter of 2013. There's -- part of the kind of operational nuts and bolts is, you know, everybody feeling comfortable so that we can have some construction types come on-site and give us some architectural plans and so on and so forth.

LEG. BROWNING:
Okay. Thank you.

CHAIRMAN SPENCER:
Thank you. Okay. Is there any further discussion? I'd like to ask for a vote at this time. The motion has been approved and seconded. All those in favor? Opposed? Abstentions? The motion carries unanimously. ***Approved (VOTE: 5-0-0-0).*** Congratulations. Thank you.

Applause

LEG. BROWNING:
Thank you.

CHAIRMAN SPENCER:
We're going to go back to the ***Tabled Resolutions:***

IR 1013-12 - Adopting Local Law No. -2012, A Local Law to amend the County prohibition on the sale of synthetic cannabinoids (Browning).

LEG. BROWNING:
I'll make a motion to approve.

CHAIRMAN SPENCER:
Second the motion?

LEG. ANKER:
I'll second.

CHAIRMAN SPENCER:
Any discussion? Vote; all those in favor? Opposed? Abstentions? The motion carries unanimously. ***Approved (VOTE: 5-0-0-0).***

Next, ***IR 1021-12 - Adopting Local Law No. -2012, A Charter Law to require legislative approval of changes to the fee structure for review of septic, sewer and water systems (Cilmi).***

LEG. BROWNING:
At this point, I guess I'd like to get some input from the Health Department on this.

CHAIRMAN SPENCER:
Sure. This is what I asked -- I appreciate you sticking around, the Health Department. Can you give us some input with regards to this particular legislation with the fee structure, Dr. Tomarken?

LEG. BROWNING:
I guess my question would be is -- well, my question is I know that there's times that we vote here at the Legislature for sur-fees, for increases in sur-fees, and I'm trying to understand what the difference is between what we're doing on this.

MR. FREAS:
We -- in the course of the budget process, as you know, the Legislature or the County Executive does raise certain fees and fines that are within their discretion, in many different cases. Some of the -- the fees and the fines that are created by Local Law have to be changed by Local Law. However, some of the fees in the Health Department are -- currently fall completely under the aegis of the Board of Health, which Dr. Spencer sits on now and you sat on as the past Chair, and those fees can be changed at the discretion of the Board of Health. Typically they're changed, of course, in cooperation with the -- with the County Executive and the Legislature in the course of the budget process.

My understanding of what this law would do is that it would require any changes in those, for example, the sewer, septic and water system fees which were raised in the 2012 budget. This legislation would require Legislative approval of any fee that would be so changed, where that is not necessarily the case at this point.

LEG. BROWNING:
Okay. Because in the time that I've sat on the Board of Health, we have never changed fees.

COMMISSIONER TOMARKEN:
That's what I was -- I wanted to make a point. In the code it says, or in the Charter it says, "The Commissioner may set fees"; it's kind of ambiguous. But there -- so technically, the Commissioner for certain conditions, certain situations, can set the fee by his or herself.

The one time that we did change the fees, it was when the budget was being developed. We did it in context and in cooperation with the previous County Executive. Since I've been here, we do not do this kind of -- make these changes on our own, and they're only brought up usually when there's some sort of fiscal issue. This legislation would take that authority away and put it in the Legislature.

LEG. KENNEDY:
You know, hold on a second. Can I jump in on this for just a second?

CHAIRMAN SPENCER:
Absolutely.

LEG. KENNEDY:
Doctor, I'm -- so that I'm certain about this, I don't think this takes away the role of the department. I think -- and I don't have it right in front of me, but I know I spoke with the sponsor at length about this and the concern he had, and I do share it to a certain extent, is that we have the opportunity to ratify what you would put forward in the first instance. I don't think we -- I can't speak for the sponsor, but I -- his intention was not to supplant or usurp the roll of the department in looking at this, you know, for establishing a schedule or, you know, looking at the rational or the

logic or what have you. Again, I think this was something that was more, you know, suggesting that we want an opportunity to see what it is that the department is contemplating. Look, I spoke about something before -- half in jest, but certainly half in earnest as well -- about a reject fee. I would assume that that would be something we would do collaboratively or cooperatively. I don't -- I don't think we're looking to, you know, take you out of the process.

COMMISSIONER TOMARKEN:
Well, I agree with your overall assessment. I'm just looking to see if the actual legislation says that approval has to come from the Legislature. Because it struck me as similar to the comprehensive water management where you have the final say.

LEG. KENNEDY:
(Laughter).

LEG. BROWNING:
I mean, if we wanted to reduce fees or increase fees, we do could do it Legislatively anyway. I'm going to be honest with you. My concern is is that, you know, you're -- they would -- you know, the Health Department can increase the fees when they see fit, or if needed.

COMMISSIONER TOMARKEN:
Let me read you the legislation; *"The Commissioner of the Department of Health Services shall not raise fees associated with the review of residential or commercial sewer, septic and water systems unless authorized to do so by a duly enacted resolution of the County Legislature."*

LEG. KENNEDY:
Okay. Again, this is not -- I am not the sponsor, but with the opportunity to talk about --

LEG. BROWNING:
Can I -- I wanted to finish --

LEG. KENNEDY:
There you go. Go ahead.

LEG. BROWNING:
-- because what he said. And I feel that to allow us now, to force us to have to do it, it's going to become political; I'm sorry, I have no other way to say it. Because I see that you have an independent -- a department who would see, when it's needed, to increase the fees, and now we're taking that away from them. And I think that, yeah, you're going to get the pressure; as elected officials, you know the calls are going to come from whoever saying, you know, "We don't want to see these fees going up." And you're going to get that pressure, maybe not you necessarily. However, I'm just seeing the political side of it and I don't want us to be pressured to do something or not do something that is necessary.

CHAIRMAN SPENCER:
Go ahead.

LEG. KENNEDY:
Okay. I will -- I was going to pose an alternative as far as language, but again, I am not the sponsor. But I'm thinking that if there was a -- the language was tweaked a little bit that spoke about a modification in the fee schedule contemplated the department, contemplated by the department with consultation and review by the Legislature, then maybe we would have a little bit different tone and we would still ultimately be able to get to the same point that we're looking to get to.

COMMISSIONER TOMARKEN:
And I have spoken to Legislator Cilmi about this and I know what his concern is, is that we don't stifle economic development by making fees so prohibitive that it scares away developers.

LEG. KENNEDY:
Yes.

COMMISSIONER TOMARKEN:
And we agree with that a hundred percent. And I agree with you that I think we can tweak this. We're always looking for input and help and guidance from the Legislature, so.

LEG. KENNEDY:
Okay. All right, the hour is late. Why don't I do this? Let me make a motion to table and I'm going to ask that the sponsor --

LEG. ROMAINE:
Be here.

LEG. KENNEDY:
-- speak back to you again for the possibility of trying to revise the language a little bit, and we'll have it before us again in two weeks.

CHAIRMAN SPENCER:
I agree that that's -- I love your idea of giving them actually the ability to do a reject fee, and this kind of flies in the face of that. So I do think the language, I think that's wise what you've suggested. And I would like to second your motion to table and I would like to ask for a vote. All those in favor of tabling this resolution? Opposed? Abstentions? The motion carries. ***Tabled (VOTE: 5-0-0-0).*** Thank you. We'll table it and we'll look for the modifications and taking a look at it again.

Moving on to ***IR 1054-12 - Adopting Local Law No. -2012, A Local Law to extend the date for filing disposal plan for unused medications (Kennedy).*** The public hearing was closed at the General Session on February the 7th. Motion?

LEG. BROWNING:
Motion to approve.

CHAIRMAN SPENCER:
Motion to approve. Second?

LEG. BROWNING:
It's John's bill.

LEG. KENNEDY:
Say again?

CHAIRMAN SPENCER:
John, your bill.

LEG. BROWNING:
John will make a motion.

LEG. KENNEDY:
Motion.

CHAIRMAN SPENCER:
Motion to approve, seconded by Legislator Browning.

LEG. KENNEDY:
Oh, yes, yes, yes. This is belts and suspenders. As a matter of fact, we've had an opportunity to have it administratively, but I would like to see it on the books. Thank you.

CHAIRMAN SPENCER:
Okay, motion to approve by Legislator Kennedy. Seconded by Legislator Browning. Vote; all those in favor? Opposed? Abstentions? Motion carries unanimously. ***Approved (VOTE: 5-0-0-0).***

Introductory Resolutions

IR 1060-12 - Designating April as Medication Take Back Month in Suffolk County (Nowick).

LEG. BROWNING:
Motion.

CHAIRMAN SPENCER:
Motion by Legislator Browning. Second?

LEG. ANKER:
I'll second.

CHAIRMAN SPENCER:
Second by Legislator Anker. I will make a brief comment on this. I agree with it, I think that we should look at more than April as being the medication take-back. Once a year we really need to have some continual mechanism to allow for take-back of medicine.

MS. SIMPSON:
We do, it's called Operation Medicine Cabinet.

CHAIRMAN SPENCER:
Operation Medicine Cabinet. So how does this legislation in terms of -- do we just use April as the month where we sort of highlight it and celebrate it?

MS. SIMPSON:
This legislation is intended to highlight for the public so that they become more aware of our Operation Medicine Cabinet and use April as a month, because the Federal Government also does a take-back program in the month of April to, you know, highlight that we need to take back these medications instead of --

COMMISSIONER TOMARKEN:
This is designed for communities that don't have the programs like we have.

CHAIRMAN SPENCER:
I would like to offer to approve the motion. Can I have a second?

LEG. ANKER:
Second.

MS. SIMPSON:
You already have Browning. You have a motion and a second.

CHAIRMAN SPENCER:
Oh, we did. I apologize. I tried to jump in there. It sounded so good.

MS. LOMORIELLO:
Would you like to cosponsor?

CHAIRMAN SPENCER:
Cosponsor, okay.

LEG. ANKER:
I just wanted to mention, too, is that I believe every Police precinct has a drop-off place and it's open, what, 24-hours a day? As long as the Police precinct is open.

COMMISSIONER TOMARKEN:
It's 24/7 and it's anonymous.

LEG. ANKER:
It's anonymous. And from what I understand, that is the issue with prescription drugs and kids getting to it, that seems to be -- it is the number one problem of getting -- of why kids are getting hooked on drugs, or it's a substantial issue and a lot of parents don't realize that. So again, you know, we do need to make it clear that empty medicine cabinets need to be looked at to protect the lives of our children.

CHAIRMAN SPENCER:
Thank you. We're ready to vote; all those in favor? Opposed? Abstentions? It carries unanimously. ***Approved (VOTE: 5-0-0-0).***

IR 1136-12 - Appropriating funds for the Forensic Sciences Medical and Legal Investigative Consolidated Laboratory (CP 1109) (County Executive).

LEG. ROMAINE:
Motion.

CHAIRMAN SPENCER:
Motion. Second? Seconded by Legislator Anker. Motion by Legislator Kennedy.

MS. SIMPSON:
The motion was Romaine.

CHAIRMAN SPENCER:
Okay. Oh, Romaine? Okay. Any discussion? Okay, vote; all those in favor? Opposed? Abstentions? It carries unanimously. ***Approved (VOTE: 5-0-0-0).***

IR 1137-12 - Amending the 2012 Adopted Operating Budget to transfer funds from the Town of Islip Alternatives for Youth Program to the Project Outreach Alternatives for Youth Program (County Executive). This resolution has been withdrawn, okay, by the Executive. ***Withdrawn.***

IR 1140-12 - Amending the 2012 Adopted Operating Budget to accept and appropriate 100% State Aid from the New York State Office of Alcoholism and Substance Abuse Services to Daytop Village, Inc., for the provision of Chemical Dependency Treatment Services (County Executive).

LEG. ROMAINE:
Motion.

CHAIRMAN SPENCER:
Motion. This will be approved -- if approved, will be placed on the Consent Calendar. Motion by Legislator Romaine. Second by Legislator Browning. Any discussion? Okay, vote; all those in favor? Opposed? Abstentions? The motion carries unanimously. ***Approved and placed on the Consent Calendar (VOTE: 5-0-0-0).***

IR 1172-12 - Establishing a Health Permit Process Review Committee to streamline the application process for sewer expansions and installations (Anker).

LEG. ANKER:
I would like to make a motion to table.

CHAIRMAN SPENCER:
Okay. Legislator Anker, motion to table.

LEG. BROWNING:
Second.

CHAIRMAN SPENCER:
Seconded by Legislator Browning.

LEG. ANKER:
On that motion, I'd like to speak.

CHAIRMAN SPENCER:
Absolutely.

LEG. ANKER:
Okay, real quick. The reason why I'm tabling this is I am continuing to get information from Dr. Tomarken and the Health Department and also working with the County Executive and understanding really what the process is.

If we are going to continue to pursue the need to facilitate the health permit process, we need to get a better understanding, and right now there's a lot of work being done. So I'm tabling this resolution. Perhaps maybe the next round we'll see if it's needed, but right now I'm very happy to see all the work being done on this particular issue. Thank you.

CHAIRMAN SPENCER:
And we are going to keep this issue on the agenda. So thank you, Legislator Anker, for your resolution and we'll hold off on it.
The motion is to table. Seconded by Legislator Spencer. All those in favor? Opposed? I'm sorry, Browning. Seconded by Legislator Browning. All those in favor? Opposed? Abstentions?
Tabled (VOTE: 5-0-0-0).

There are no Home Rule Messages.

MS. SIMPSON:
No other business.

CHAIRMAN SPENCER:
No other business. Motion to adjourn. Thank you. We're adjourned. Thank you. Thank you for this marathon session. I can't imagine when this was Health & Human Services *(laughter).*

(*The meeting was adjourned at 5:25 P.M.*)