NOTICE OF PUBLIC HEARING

SUBJECT: Water Quality and Budget Implementation

PURPOSE: To examine water quality issues and to review implementation of the $2.5 billion in water infrastructure funding contained in the 2017-18 State Budget.

New York City
Assembly Hearing Room
250 Broadway, Room 1923, 19th Floor
Manhattan
Monday
December 4, 2017
10:00 a.m.

The 2017-18 State Budget contained $2.5 billion in multi-year funding for water infrastructure projects including: $110 million for land acquisition for source water protection; $1 billion for upgrades to municipal drinking water and wastewater infrastructure; $130 million for drinking water remediation and mitigation of contaminated water; $75 million for septic system replacement; $150 million for inter-municipal water infrastructure; and, $20 million for the replacement of lead drinking water service lines. The purpose of this hearing is to examine the implementation of these programs as well as their role in ensuring water affordability, and to examine water quality issues such as harmful algal blooms, increasing nitrogen levels, pesticide contamination, and water pollution prevention and enforcement.

Persons wishing to present pertinent testimony to the Committee at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to ten minutes’ duration. In preparing the order of witnesses, the Committee will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate advance receipt of prepared statements. In order to further publicize these hearings, please inform interested parties and organizations of the Committee’s interest in hearing testimony from all sources.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

Steve Englebright
Member of Assembly
Chair
Committee on Environmental Conservation

Richard N. Gottfried
Member of Assembly
Chair
Committee on Health

Patricia A. Fahy
Member of Assembly
Chair
Subcommittee on Oversight of the Department of Environmental Conservation
PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on Water Quality and Budget Implementation are requested to complete this reply form as soon as possible and mail, email or fax it to:

Matthew Shore
Committee Assistant
Assembly Committee on Environmental Conservation
Room 520 - Capitol
Albany, New York 12248
Email: shorem@nyassembly.gov
Phone: (518) 455-4363
Fax: (518) 455-5182

☐ I plan to attend the following public hearing on Water Quality and Budget Implementation to be conducted by the Assembly Committee on Environmental Conservation on December 4th.

☐ I plan to make a public statement at the hearing. My statement will be limited to ten minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement. I will address my remarks to the following subjects:

_____________________________________________________________________

☐ I do not plan to attend the above hearing.

☐ I would like to be added to the Committee mailing list for notices and reports.

☐ I would like to be removed from the Committee mailing list.

☐ I will require assistance and/or handicapped accessibility information. Please specify the type of assistance required: ___________________________________________________________________

NAME: ___________________________________________________________________
TITLE: ___________________________________________________________________
ORGANIZATION: ____________________________________________________________
ADDRESS: _________________________________________________________________
E-MAIL: ___________________________________________________________________
TELEPHONE: _______________________________________________________________
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