

Design and Construction

AN ISO 9001:2008 CERTIFIED ORGANIZATION

Division of Construction, 34th Floor, Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12242 Phone: (518) 474-0331

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DECLARATION OF EMERGENCY	ED1419131

INSTRUCTIONS: An authorized representative designated in writing by the agency's commissioner or department head should complete this form.

1.	Provide	a	brief	description	of	the	problem.	
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2. Complete the justification and fully explain the effect of the emergency on the agency's operations. 3. Complete the certification. 4 Submit to: ogs.sm.D&Cemergencies@ogs.nv.gov Bondable? Agency: NYS OP RHP Agency Number: Project Title: Emergency Lakeshore stabilizetion RYES | NO is this facility owned by New York State? If no, attach verification that the State of New York is responsible for repair, reconstruction or maintenance. Has a previous study or report been performed? \ \ \ YES DINO If yes, please provide Project Number. Description of Problem:
Extreme high water in lake Onterio has caused extensive erosion and loss of land along shoreliny, jeopardiring public facilities, malvdig access road to private homes. Existing natural send dunes which form the basis of the park and Description of Problem: Justification for Emergency Contract: Immediate corrective action is required: (2) to permit the safe continuation of a necessary public use or function. to protect the property of the State of New York. to protect the life, health and safety of any person. · Loss of roedway will eliminate all emergency service to existy home.

Land of State Perh is being washed away. unstable lake bloths in former stable Sand done encironment **CERTIFICATION:** This is to certify that the damage or malfunction was caused by unanticipated and sudden occurrence which involves a pressing necessity for immediate repair, reconstruction or maintenance. Funds are available to correct the emergency situation and OGS is hereby designated as the agent to ameliorate the situation. LAWILENCES- CALAGEE MANAGER (AS)TA Print Name and Title Authorized Signature