



70 Harbor Road
Port Washington, New York 11050

Tel: (516) 944-6100
Fax: (516) 944-3652

www.pwwpcd-us

PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT
APPLICATION FOR PERMIT TO CONNECT AND/OR DISCHARGE SEWAGE TO
PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT FACILITIES

APPLICANT INFORMATION:

Applicant Name: _____ Owner or Lessee of _____

Company Name/Affiliation (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____ Fax: _____

SITE INFORMATION:

Site Address: _____

City: _____ Zip Code: _____ Town/Village: _____

Section: _____ Block: _____ Lots: _____

LICENSED PLUMBER INFORMATION:

Company Name: _____

Licensed Plumber's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Fax: _____ Contact: _____

License Number: _____ Issuing Number: _____

THE APPLICANT AND ANY PERSON OR FIRM EMPLOYED TO PERFORM THE WORK SHALL ABIDE BY ALL PROVISIONS OF THE RULES AND REGULATIONS OF THE PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT, AND MUST HAVE FILED WITH THE DISTRICT A PROPERLY EXECUTED BOND IN THE AMOUNT OF FIFTY THOUSAND DOLLARS (\$50,000.00), NAMING "PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT", AS INSURED.

TYPE OF WORK TO BE PERFORMED:
(Please complete the attached proposed sanitary service connection sketch) Disconnect/Connect Combo Permit No. _____

New Connection to Sewer Main New Connection to Existing Building Lateral

PERMIT APPLICATION FEE:

\$750 _____ Single Family Dwelling \$1,000 _____ Two to Four-Family Dwelling

\$1,750 _____ Multi-Family Dwelling (5+ Units) \$1,750 _____ Commercial Building

PAYABLE BY CHECK OR MONEY ORDER TO: PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT

If the Structure to be Connected is a Commercial Building:

Estimated Amount of Discharge: _____ Gallons per Day Type of Waste: _____

FOR DISTRICT USE ONLY

Application Fee: _____ Check Number: _____ Check Date: _____

Application Received by: _____ Date: _____

Investigated by: _____ Date: _____

Building Permit, from Town or Village of: _____ Date: _____

Sewer Permit # _____ Issued by: _____ Date: _____

Work Inspected by: _____ Date: _____

Type Building _____ Extension _____

PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT – PORT WASHINGTON, NEW YORK

PERMIT ISSUED UPON ACCEPTANCE OF THIS APPLICATION WILL BE SUBJECT TO THE FOLLOWING CONDITIONS:

1. SUBMISSION OF AN ACCEPTABLE SKETCH (USE ATTACHED "PROPOSED SANITARY SERVICE CONNECTION SKETCH") OF THE PROPOSED BUILDING LATERAL CONNECTION.
2. THE INSTALLER SHALL ABIDE BY ALL PROVISIONS OF THE ORDINANCES, RULES AND REGULATIONS, AND STANDARD SPECIFICATIONS AND DETAILS OF THE PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT.
3. THIS PERMIT SHALL NOT RELIEVE THE PERMITTEE OR INSTALLER FROM OBTAINING ANY ADDITIONAL PERMITS REQUIRED BY LAW, ORDINANCE, OR REGULATION OF NEW YORK STATE, NASSAU COUNTY, TOWN OF NORTH HEMPSTEAD OR INCORPORATED VILLAGE.
4. THE PERMITTEE SHALL MAINTAIN THE BUILDINGS SEWER LATERAL TO THE SEWER MAIN INCLUDING THE CONNECTION TO THE SEWER MAIN.
5. ALL WORK MUST BE PERFORMED IN THE PRESENCE OF A PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT REPRESENTATIVE AND NO WORK SHALL BE COVERED PRIOR TO INSPECTION AND ACCEPTANCE BY THE DISTRICT.
6. SHEETING AND SHORING IS REQUIRED ON ALL TRENCHES GREATER THAN 5 FEET IN DEPTH PER OSHA/REGULATORY REQUIREMENTS.
7. POINT OF CONNECTION SHALL BE DETERMINED BY THE PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT.
8. PERMIT MUST BE KEPT ON THE PREMISES, AVAILABLE FOR EXHIBITION AT ALL TIMES DURING THE CONSTRUCTION OF THE WORK AND SHALL BECOME VOID UNLESS THE CONNECTION IS MADE WITHIN THIRTY (30) DAYS FROM THE DATE OF ISSUANCE. NO REFUND WILL BE MADE FOR PERMITS ISSUED AND NOT USED WITHIN THE GIVEN TIME FRAME.
9. THE PERMITTEE SHALL NOTIFY THE PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT IMMEDIATELY IN THE EVENT OF ANY ACCIDENT, CHANGE OF CONDITIONS OR OTHER OCCURRENCE THAT OCCASIONS DISCHARGE TO THE STREET SEWER. FAILURE TO COMPLY WITH THIS CONDITION SHALL VOID THIS PERMIT.
10. CESSPOOLS, SEPTIC TANKS OR OVERFLOW POOLS ARE NOT ALLOWED TO BE PUMPED, DRAINED OR DISCHARGED INTO THE STREET SEWERS. ABANDONED CESSPOOLS, SEPTIC TANKS OR OVERFLOW POOLS ARE TO BE PUMPED OUT AND BACKFILLED WITH CLEAN FILL IN ACCORDANCE WITH NASSAU COUNTY HEALTH DEPARTMENT REQUIREMENTS.
11. THE PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT MAKES NO WARRANTY WITH REGARD TO THE LOCATION OF THE BUILDING LATERAL OR POINT OF CONNECTION. THE LOCATION OF THE AFOREMENTIONED SHALL BE THE SOLE RESPONSIBILITY OF THE PERMITTEE.
12. ALL INSPECTIONS MUST BE REQUESTED IN WRITING AND BE SCHEDULED WITH THE PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT NO LESS THAN FORTY-EIGHT (48) HOURS IN ADVANCE.
13. THE PERMITTEE WILL BE RESPONSIBLE FOR ANY COSTS INCURRED BY THE DISTRICT RESULTING FROM THE ACTIONS OF THE PERMITTEE OR HIS CONTRACTOR(S) WHILE PERFORMING WORK UNDER THIS PERMIT. SHOULD THE SCOPE OF THE PROPOSED WORK REQUIRE REVIEW OF PLANS AND/OR ON SITE INSPECTION BY THE DISTRICT'S CONSULTING ENGINEER, THE COST OF THIS WORK WILL BE THE RESPONSIBILITY OF THE PERMITTEE. THE DECISION AS TO WHETHER THE CONSULTANT'S SERVICES ARE REQUIRED WILL BE MADE SOLELY AT THE DISCRETION OF THE DISTRICT, AND THE PERMITTEE WILL BE SO ADVISED.

THE OWNER OR LESSEE (PERMITTEE) AND THE LICENSED PLUMBER OR APPROVED CONTRACTOR, (INSTALLER) HAVE READ THE ABOVE CONDITIONS AND ALL OF THE RULES AND REGULATIONS OF THE PORT WASHINGTON POLLUTION CONTROL DISTRICT COMPLETELY AND THOROUGHLY. THESE CONDITIONS WILL GOVERN THE INSTALLATION AND OPERATIONS OF THE SANITARY SEWER BY THE PERMITTEE AND APPEAR ON THE FACE OF THE PERMIT WHEN ISSUED. THE PERMITTEE AND LICENSED PLUMBER OR APPROVED CONTRACTOR WILL BE HELD LEGALLY RESPONSIBLE FOR THE ADHERENCE TO ALL OF THESE CONDITIONS, AND ALL ORDINANCES, RULES, AND REGULATIONS OF THE PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT.

OWNER

Name: _____ Date: _____

Signed: _____ (If Not Individual Owner, Give Title) _____

Address of Owner or Lessee _____ City of Owner or Lessee _____ State of Owner or Lessee _____ Zip Code of Owner or Lessee _____ Telephone No. _____

PLUMBER OF CONTRACTOR

Name: _____ Date: _____

Signed: _____
Licensed Plumber

Address of Owner or Lessee _____ City of Owner or Lessee _____ State of Owner or Lessee _____ Zip Code of Owner or Lessee _____ Telephone No. _____

DISCHARGE INTO ANY BUILDING SEWER OR PORTION OF THE WASTEWATER FACILITIES OF THE DISTRICT OF STORMWATER, SURFACE WATER, GROUNDWATER, ROOF RUNOFF, SUBSURFACE DRAINAGE, UNPOLLUTED COOLING WATER OR POLLUTED INDUSTRIAL WASTE IS PROHIBITED.