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TEL: (516) 944-6100 FAX: (516) 944-3652



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				
Mailing Address:						
City:	State:	Zip Code:				
Home Phone:	<u>- </u>					
SITE INFORMATION:						
Site Address:						
City:	Zip Code:	Town/Village:				
Section:	DI I	Lots:				
LICENSED PLUMBER INFORMATION:						
Company Name:						
Mailing Address:						
City:						
Business Phone:						
License 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), AND PROVIDE INSURANCE PER THE ATTACHED MINIMUM REQUIREMENTS.						
TYPE OF WORK TO BE PERFORMED:						
	☐ Disconnect/Connect Com	nbo				
☐ New Connection to Sewe		w Connection to Existing Building Lateral				
Please complete	the attached proposed sanital	ry service connection sketch				
inspections, regulatory reporting, and adminis	strative tasks. Any funds not utilized	or any District expenses associated with plan review, will be returned to the applicant following issuance of st", all work shall cease until required funds are received				
	·	0				
S 1,500 Connect	_					
PAYABLE BY CHECK OR MONEY	ORDER TO: PORT WASHINGTO	N WATER POLLUTION CONTROL DISTRICT				
If the Structure to be Connected is a Comme	rcial Building:					
Estimated Amount of Discharge:	Gallons per Day	Type of Waste:				
	FOR DISTRICT USE ONLY					
Application DFC:	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:						
Type Building	Enteredien					

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

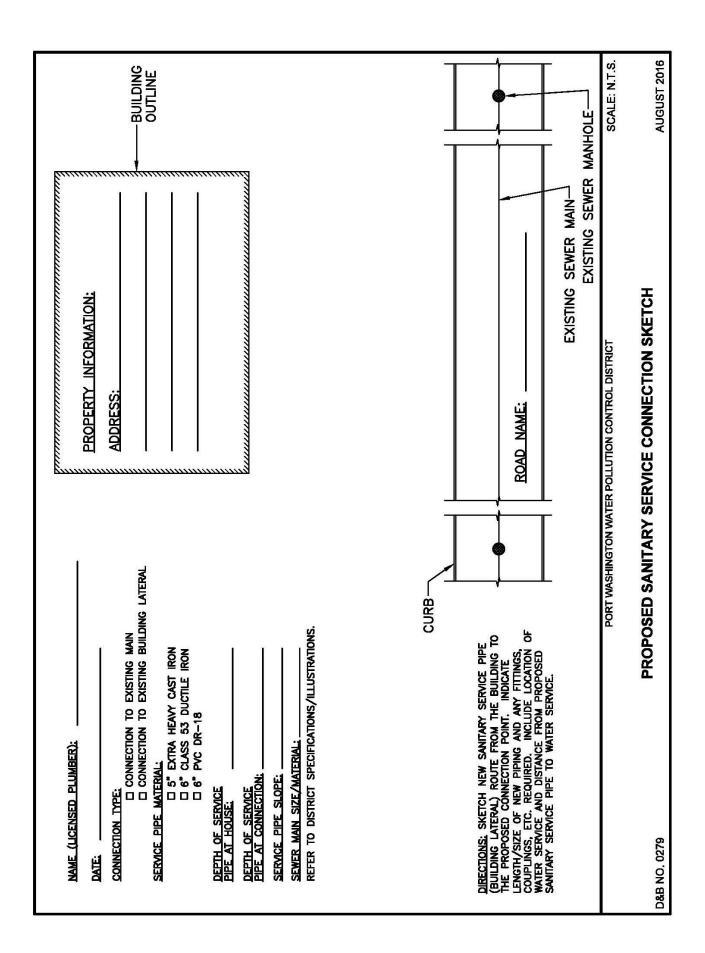
PERMIT ISSUED UPON ACCEPTANCE OF THIS APPLICATION WILL BE SUBJECT TO THE FOLLOWING CONDITIONS:

- 1. SUBMISSION OF AN ACCEPTABLE SKETCH (USE ATTACHED "PROPOSED SANITARY SERVICE CONNECTION SKETCH") OF THE PROPOSED BUILDING LATERAL CONNECTION.
- 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.
- 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.
- 14. THE CONTRACTOR SHALL INDEMNIFY AND HOLD THE PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT HARMLESS AGAINST ANY CLAIM OF LIABILITY OR LOSS INCLUDING THE COST OF DEFENSE FOR PERSONAL INJURY OR PROPERTY DAMAGE RESULTING FROM OR ARISING DIRECTLY OR INDIRECTLY OUT OF OR RESULTING FROM THE PERMIT HOLDERS/LICENSEE OPERATIONS WITHIN THE PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT INCLUDING LOSSES ARISING OUT OF THE NEGLIGENT ACTS OR OMISSIONS OF THE CONTRACTOR, ITS SERVANTS OR AGENTS, AND ANY SUBCONTRACTORS, ITS SERVANTS OR AGENTS.

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) _	dividual 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 Lessag	City of Owner or Lessee State of Owner or Lessee	Zin 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.



PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT OWNER'S RELEASE

THE UNDERSIGNED HEREBY ACKNOWLEDGES THAT HE/SHE IS THE OWNER OF SECTION , BLOCK , LOT (S) I HAVE REQUESTED THAT THE PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT ("DISTRICT") ATTEMPT TO LOCATE THE SEWER SPUR FOR MY PREMISES. THE DISTRICT WILL MAKE EVERY REASONABLE EFFORT TO ACCURATELY MARK THE LOCATION OF THE SEWER SPUR AS IT IS SHOWN ON ENGINEERING DRAWINGS PROVIDED TO THE DISTRICT AT THE TIME THAT THE SEWERS WERE ORIGINALLY CONSTRUCTED. THE UNDERSIGNED ACKNOWLEDGES, HOWEVER, THERE ARE TIMES WHEN LOCATION OF THE SPUR IS EITHER DIFFICULT OR NOT PRECISE. THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT IT IS THE OWNER'S RESPONSIBILITY TO UNCOVER AND LOCATE THE SEWER SPUR FOR HIS/HER PREMISES. CONSEQUENTLY, THE UNDERSIGNED WILL NOT HOLD THE DISTRICT RESPONSIBLE FOR ANY DAMAGE OR EXPENSE THAT MAY BE INCURRED DUE TO THE DISTRICT'S INABILITY TO ACCURATELY MARK THE LOCATION OF THE SEWER SPUR. OWNER OF PREMISES DATE

PERMIT #



70 HARBOR ROAD PORT WASHINGTON, NEW YORK 1 1050

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REQUEST FOR SEWER AVAILABILITY

PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT

	Date:		
CONT	ACT INFORMATION:		
1.	NAME		
2.	ADDRESS		
3.	TELEPHONE #	_EMAIL	
<u>SECTI</u>	ON, LOT AND BLOCK TO BE SERVED:		
4.	SECTIONLOT	вьоск	
5.	SERVICE ADDRESS		
6.	TYPE OF USE:		
	SINGLE FAMILY RESIDENCE		
	2 – 4 FAMILY RESIDENCE		
	5 + FAMILY & COMMERCIAL BUILDING		
	ify that the information provided in this r e and correct to the best of my knowledg	request, including submittals and attachmo	ents
Signa	ture	Date	
****	***********	***********	****
1. Pla	ease allow approximately 5 working days	s for a response	

2. This letter will be provided with an expiration date of one (1) year from the written date