



# Wastewater Quality Control Application

PLEASE PRINT OR TYPE. APPLICANT MUST COMPLETE BOTH PAGES OF THIS FORM. INCORRECT OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED. WRITE N/A IF NOT APPLICABLE. PLEASE RETURN COMPLETED FORM TO:

**New York City Department of Environmental Protection  
Division of Pollution Control and Monitoring  
IPP Inspection and Permit Section  
96-05 Horace Harding Expressway, 1<sup>st</sup> Floor  
Corona, NY 11368**

<b>1. LOCATION</b>	TAX BLOCK #	LOT#:
PROJECT NAME:	BOROUGH:	
HOUSE#:	STREET NAME:	ZIP:
IS THIS A DEP PROJECT? [ ] YES [ ] NO		IS THIS PROJECT DEP FUNDED? [ ] YES [ ] NO

<b>2. APPLICANT</b>			
LAST NAME:	FIRST NAME:	M.I.:	
LEGAL BUSINESS NAME:	TELEPHONE: ( )		
ADDRESS:	CITY:	STATE:	ZIP:
CONTACT PERSON:	TELEPHONE: ( )		

<b>3. OWNER</b>			
TYPE OF OWNERSHIP: [ ] INDIVIDUAL [ ] CORPORATION [ ] PARTNERSHIP [ ] GOVERNMENT [ ] OTHER:			
LAST NAME:	FIRST NAME:	M.I.:	
LEGAL BUSINESS NAME/AGENCY:	TELEPHONE: ( )		
ADDRESS:	CITY:	STATE:	ZIP:

<b>4. PROJECT USE</b>			
[ ] RESIDENTIAL	NUMBER OF DWELLING UNITS:	M.I.:	
[ ] COMMERCIAL TYPE:	GROSS FLOOR AREA:	SQ. FT.	
[ ] INDUSTRIAL TYPE:	GROSS FLOOR AREA:	SQ. FT.	
[ ] OTHER, EXPLAIN:			

<b>5. LOCATION</b>			
OBTAIN FROM BOROUGH OFFICE AND INDICATE THE CORRECT STREET LINES FROM THE CITY PLAN; THE PLOT TO BE BUILT UPON IN RELATION TO THE STREET LINES AND THE PORTION OF THE LOT TO BE OCCUPIED BY THE BUILDING; THE HOUSE NUMBERS AND THE BLOCK AND LOT NUMBERS.			
BLOCK:	LOT(S):	HOUSE NO(S):	
DIAGRAM (SHOW ARROW INDICATING NORTH)			

<b>6. WASTEWATER &amp; SEWAGE</b>			
EXISTING AVERAGE:	GALLONS/DAY	PROPOSED AVERAGE:	GALLONS/DAY
PROPOSED HOURLY PEAK:	GALLONS/HR.		
IF NO SEWERS AVAILABLE, INDICATE THE METHOD OF DISPOSAL OF WASTEWATER & SEWAGE:			

<b>7. INDUSTRIAL/COMMERCIAL/MANUFACTURING ONLY</b>			
TYPE OF ESTABLISHMENT:		FLOOR AREA:	SQ. FT.
WORK AREA:	SQ. FT.	STORAGE AREA:	SQ. FT.
<input type="checkbox"/> NEW SEWER CONNECTION AT:			
<input type="checkbox"/> EXISTING SEWER CONNECTION AT:			
CONNECTION TO: <input type="checkbox"/> SANITARY <input type="checkbox"/> COMBINED <input type="checkbox"/> STORM <input type="checkbox"/> OTHER:			
LIST ALL CHEMICALS OR HAZARDOUS WASTES, IF ANY:			
MSDS ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>8. DEWATERING/SPECIAL DISCHARGES</b>			
<input type="checkbox"/> GROUNDWATER		<input type="checkbox"/> WASTEWATER	
DISCHARGE FLOW RATE:	GPD	DURATION:	D/M/Y
<input type="checkbox"/> GRAVITY	<input type="checkbox"/> PUMP	PUMP CAPACITY:	GPM
DISCHARGE TO (NAME OF WASTEWATER SEWER TREATMENT PLANT):			
DISCHARGE SEWER SIZE:	IN.	<input type="checkbox"/> SANITARY	<input type="checkbox"/> COMBINED <input type="checkbox"/> STORM
MSDS OF CHEMICALS USED ATTACHED: <input type="checkbox"/> YES <input type="checkbox"/> NO			
NYS LABORATORY ANALYTICAL RESULTS: <input type="checkbox"/> ATTACHED <input type="checkbox"/> NOT AVAILABLE			
NYSDEC PERMIT: <input type="checkbox"/> ATTACHED <input type="checkbox"/> NOT AVAILABLE			

<b>9. PRETREATMENT EQUIPMENT</b>		
<input type="checkbox"/> GREASE INTERCEPTOR	NO. OF UNIT:	SIZE/RATE:
<input type="checkbox"/> OIL/WATER SEPARATOR	NO. OF UNIT:	SIZE/RATE:
<input type="checkbox"/> CARBON UNIT	NO. OF UNIT:	SIZE/RATE:
<input type="checkbox"/> AIR STRIPPER	NO. OF UNIT:	SIZE/RATE:
<input type="checkbox"/> SETTLING TANK/BASIN	NO. OF UNIT:	SIZE/RATE:
<input type="checkbox"/> pH NEUTRALIZATION	NO. OF UNIT:	SIZE/RATE:
<input type="checkbox"/> WIRE BASKET	NO. OF UNIT:	SIZE/RATE:
<input type="checkbox"/> PLASTER TRAP	NO. OF UNIT:	SIZE/RATE:
<input type="checkbox"/> AMALGAM SEPARATOR	NO. OF UNIT:	SIZE/RATE:
<input type="checkbox"/> OTHER, EXPLAIN:		
MANUFACTURER:		SERIAL NUMBER:
MEA/BSA NUMBER:		REAGENT(S):
		GROSS FLOOR AREA:    SQ. FT.

<b>10. PROJECT DESCRIPTION/HISTORY:</b>

<b>11. STATEMENTS AND SIGNATURES:</b>		
OWNER'S NAME:	OWNER'S SIGNATURE:	DATE:
APPLICANT'S NAME:	APPLICANT'S SIGNATURE:	DATE:
NAME OF NYS PROFESSIONAL ENGINEER OR REGISTERED ARCHITECT: _____		
SEAL OF NYS P.E. OR R.A.	I HAVE PREPARED OR SUPERVISED THE PREPARATION OF THE PLANS, SPECIFICATIONS AND OTHER DOCUMENTS HEREWITH SUBMITTED AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE PLANS AND WORK SHOWN THEREIN COMPLY WITH THE PROVISIONS OF ALL NEW YORK CITY AND STATE CODES AND OTHER APPLICABLE LAWS AND REGULATIONS. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND/OR IMPRISONMENT.	
SIGNATURE OF NYS P.E. OR R.A.		
DATE: _____		