



# 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  
Industrial Inspections and Permitting Section  
96-05 Horace Harding Expressway, 4th 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>	LEGAL BUSINESS NAME:		
LAST NAME:	FIRST NAME:	M.I.:	
ADDRESS:	CITY:	STATE:	ZIP:
CONTACT PERSON:		TELEPHONE: ( )	
CONTACT EMAIL:			

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

<b>4. PROJECT USE</b>		
[ ] RESIDENTIAL	NUMBER OF DWELLING UNITS:	
[ ] 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:
		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:
SEAL & SIGNATURE OF NYS P.E. OR R.A.		
<p>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.</p>		
DATE:		

**NEW YORK CITY  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
INDUSTRIAL INSPECTIONS AND PERMITTING SECTION**

**PLAN REVIEW PROCEDURE**

Applicants must submit:

1. Cover letter describing the project in details.\*
2. One (1) completed Wastewater Quality Control Application.\*
3. Three (3) site plans (to scale) indicating type (sanitary or combined), size and location of public sewer lines. The site plan must also show both existing and proposed sewer connections and include a legend. Provide invert elevation if possible for connecting sewer line from the Project site to the public street sewer line.\*
4. Three (3) floor plans to show all existing and proposed plumbing fixtures, pretreatment equipment, if any, piping layout, sizes and connections to the public sewers. The floor plans must include a legend.\*
5. Three (3) sanitary wastewater riser diagrams showing all plumbing fixtures, pretreatment equipment and associated piping. The riser diagrams must include a legend.\*
6. Main housetrap(s) and final connections to the public sewer must be shown on all plans.
7. A site connection proposal for sewer certification is a separate submission. If required, it must be submitted separately for approval to NYCDEP Bureau of Water and Sewer Operations, Division of Connections and Permitting (59-17 Junction BLVD, 3<sup>rd</sup> Floor).
8. Properly sized pretreatment system, including specification, engineering calculations and details. For examples: interceptor, separator, pH neutralization system, etc. \*\*
9. The approval is contingent upon permittee's compliance with any other Federal, State or Local laws applicable to the permitted activity.
10. The application must be signed by:
  - i. The officer or director if owner/applicant is a corporation; or
  - ii. The partner, general and limited, if owner/applicant is a partnership; or
  - iii. The officer, director, partner, or owner if owner/applicant is a limited liability company; or
  - iv. The owner, if owner/applicant is a sole proprietorship.
11. Item 8 (Dewatering / Special Discharges) should be completed only for Dewatering / Special Discharges requests.
12. All inquiries should be directed to the attention of Ms. Sophia Rabich at (718) 595-4707 or email [sophiar@dep.nyc.gov](mailto:sophiar@dep.nyc.gov). The complete package should be sent to the following address:

City of New York  
Department of Environmental Protection  
Industrial Inspections and Permitting Section  
96-05 Horace Harding Expressway, 4th FLR  
Corona, NY 11368

\* This document/plan must include **original** stamp and signature of a New York State Registered Architect's (R.A) or New York State Professional Engineer's.

\*\* If applicable