

SUFFOLK COUNTY DEPT. OF PUBLIC WORKS
DIVISION OF SANITATION
SEWER CONNECTION APPLICATION PROCEDURE

These two
steps may be
performed
concurrently

- Submit an Environmental Site Assessment (ESA) application to the **Suffolk County Department of Health Services (SCDHS)** in Farmingville. The application must include an environmental sampling report for the testing of the sanitary system, a site-figure, and a completed INDUSTRIAL – COMMERCIAL SANITARY POOL CLOSURE APPLICATION.
- Complete the enclosed Special Sewer Permit Application and submit it to the **Suffolk County Department of Public Works, Sewer Permit Office** at 335 Yaphank Avenue – Yaphank, NY with the required information. Applications can be mailed, emailed, or dropped off in person.

Note: Sewer Construction shall be performed by a **Department approved** contractor only; therefore, it is recommended that the applicant chooses an approved contractor as early as possible within the application process in order to avoid delays. An updated **approved contractor list** (not included with this packet) can be obtained from the Sewer Permit Office.

- Once the Sewer Permit Office reviews all the necessary information, the application may be forwarded to the Suffolk County Industrial Waste Unit (IWU) for further review. Depending on the type of business, an onsite inspection or additional information may be required by the IWU.
- Following the review, the applicant or representative will be informed of the necessary connection requirements. The applicant must update the design plans according to the connection requirements and DPW standards. The ‘Permit to Connect’ will NOT be finalized before an **approved** contractor has been retained. Once the connection permit is finalized, the Sewer Permit Office will issue a ‘Sewer Availability Letter’ (SAL); additional permit requirements will be stated on the SAL. Inspection fees are determined by the scope of work proposed on the design plans. Once paid, the **approved** contractor must schedule the construction inspection with the Sewer Permit Office.

The enclosed Special Building Sewer Connection Permit packet can also be downloaded from:

<https://www.suffolkcountyny.gov/Departments/Public-Works/Online-Forms>

Contact Information

SCDPW Sewer Permit Office

Phone: (631) 854-4185, Email: SCDPWsewerpermitoffice@suffolkcountyny.gov

SCDPW Industrial Waste Unit

Phone: (631) 852-4160, Email: adrienne.holmes@suffolkcountyny.gov

SCDHS Office of Pollution Control

Phone: (631) 854-2501, Email: edward.roe@suffolkcountyny.gov



**SUFFOLK COUNTY
DEPARTMENT OF HEALTH SERVICES
DIVISION OF ENVIRONMENTAL QUALITY**

POOL ABANDONMENT PACKET

COUNTY OF SUFFOLK



STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

GREGSON H. PIGOTT, MD, MPH
Commissioner

INSTRUCTIONS FOR COMPLETING POOL CLOSURE APPLICATION

PURPOSE: The Suffolk County Sanitary Code requires that all sanitary systems be closed after buildings have been connected to a sewer district. Before such closure can be approved, the Department of Health Services must review the past use of the system to evaluate disposal practices and determine if a remediation is required. If the sanitary system is backfilled without the Department of Health Services' approval, the responsible party will be required to excavate and/or sample those locations to determine if hazardous materials had been previously discharged.

Submit an application for Environmental Site Assessment to the Office of Pollution Control.

The application must include a site figure (to-scale) labeling the locations of all sanitary components for each septic system, including septic tanks, leaching pools and associated piping. *Hand sketches are not acceptable.* Include the laboratory soil analysis for each structure sampled. Structures to be sampled at a minimum include, but are not limited to, the septic tank and all primary overflow leaching pool(s) from each septic system on site. Sample analysis for volatile organic compounds, semi-volatile organic compounds and heavy metals from an ELAP certified laboratory is required. Include a copy of the INDUSTRIAL – COMMERCIAL SANITARY POOL CLOSURE APPLICATION in your submittal.

APPLICATION FILING: The application must be filed at:

Suffolk County Department of Health Services
Office of Pollution Control
Bureau of Environmental Investigation & Remediation
15 Horseblock Place
Farmingville, NY 11738

Or by emailing the application to edward.roe@suffolkcountyny.gov.

APPROVAL: The approved Pool Closure Application will be returned for inclusion in the Sewer Connection Application, which is then submitted to the Department of Public Works for review and comment.

For all additional inquiries, please contact the Office of Pollution Control at (631) 854-2501.

INDUSTRIAL – COMMERCIAL SANITARY POOL CLOSURE APPLICATION

(Please Print Clearly)

Facility Name: _____ Telephone #: _____

Address: _____ Zip Code: _____

SC Tax Map #: District _____ Section _____ Block _____ Lot _____

Property Owner: _____ Telephone: _____

Address: _____ Zip Code: _____

Contact Person: _____ Telephone #: _____ e-mail: _____

Description of business: (i.e., office, manufacturing, auto repair, etc.): _____

A Site sketch is required. Please indicate pool locations, buildings and nearest cross street on reverse:

Applicant's Signature: _____ Date: _____

DEPARTMENT USE ONLY:

Additional investigation of the sanitary system is required prior to closing the pools and connecting to public sewer lines or constructing a replacement system.

Contact: _____ Telephone #: _____ Date: _____

Additional investigation is required. The SCDHS will supervise the investigation and pool closure and has no objection to the approval of the sewer connection or construction of the replacement system.

Signature _____ Title: _____ Date: _____

Based on the information provided, and/or department review, no further action is required on the sanitary system described above. The system may be pumped and backfilled with clean sand.

Signature _____ Title: _____ Date: _____

All work required to close pool(s) has been completed. The system may be abandoned and backfilled with clean sand.

Signature _____ Title: _____ Date: _____

For inspection of backfilled pools, please contact:

SCDPW (631) 854-4186 SCDHS/OPC (631) 854-2501 SCDHS/WWM (631) 852-5700

Backfilled pool(s) inspected by: _____ Title: _____ Date: _____

Pool closure approved by: _____ Title: _____ Date: _____



**SUFFOLK COUNTY
DEPARTMENT OF PUBLIC WORKS
DIVISION OF SANITATION**

**COMMERCIAL SEWER CONNECTION
APPLICATION PACKET**

SUFFOLK COUNTY DEPARTMENT OF PUBLIC WORKS
DIVISION OF SANITATION
335 Yaphank Ave
Yaphank, NY 11980
Phone: (631) 854-4185
Email: SCDPWsewerpermitoffice@suffolkcountyny.gov

SPECIAL SEWER PERMIT APPLICATION INSTRUCTIONS
(FOR COMMERCIAL CONNECTIONS)

To ensure prompt handling of your "special" building sewer connection application, the information below must be provided with application submittal:

Complete this form by printing or typing the required information.

1. The owner must obtain all required permits and complete information forms as required by local agencies having jurisdiction, including but not limited to highway and building departments. **Attach copies of required permits and forms to this application.**
2. Only contractors licensed and bonded with the Department of Public Works – Division of Sanitation will be permitted to perform sewer connections.
3. The application must be signed by the owner of the property on PART I and PART III, and also by the department approved contractor performing construction on PART I
4. Attach copies of your water bills from the last 12 months.
5. Attach a copy of your most recent tax bill.
6. New construction on minor subdivisions must include new S.C. tax lot numbers and new building numbers.
7. Application must be accompanied by a detailed utility site plan showing existing plumbing, grease/sediment traps, hair interceptors, all underground utilities, structures, drainage, etc., as well as how the connection will be made (PART II – last item).
8. Contractor and property owner making connections are responsible for pumping and backfilling sanitary system.
9. Applicant must provide a cesspool closure form prior to permit issuance. Where abandonment is required a certificate of approval will be issued when all work, including pumping, and backfilling of cesspools, septic tanks and overflow pools has been satisfactorily completed and inspected. In accordance with Chapter 740, §740-14 of the Suffolk County Sewer Code, cesspool abandonment is **required to be completed prior to or on the same day** the sewer connection is completed under the supervision of an authorized Suffolk County official. Failure to comply shall be considered a violation of the Suffolk County Code and shall result in monetary penalties in amounts not less than \$300 nor more than \$1000 for each day the violation exists.
10. Interceptors (i.e., grease, lint, etc.) Must be delivered with a letter of certification confirming fabrication within the minimum design requirements set by SCDPW. The four walls of sampling manholes must be the full thickness for the height of the structure.
11. PART II should be filled out by the operator of the business. If the property is a multi-occupant building, there should be an individual PART II form completed for each business.
12. SCDPW survey form (PART III) must be filled out in its entirety.
13. Be sure that all the required information has been provided on parts I, II & III. (when using carbon copies, please ensure that all copies are legible)

Failure to do all of the above will delay your permit.

SUFFOLK COUNTY DEPARTMENT OF PUBLIC WORKS
DIVISION OF SANITATION
335 Yaphank Ave
Yaphank, NY 11980
Phone: (631) 854-4185
Email: SCDPWsewerpermitoffice@suffolkcountyny.gov

SPECIAL NOTES
(FOR COMMERCIAL CONNECTIONS)

1. Upon issuance, this connection and subsequent Discharge Permit is subject to the terms and conditions of the **‘Suffolk County Code Chapter 740 Sewers’** and is contingent upon the permittee complying with all terms contained therein.
2. Connection to County sewage works without prior approval is unlawful. The entire installation must be inspected and approved prior to backfilling. Backfilling of the connection prior to inspection and approval is a violation of the “Suffolk County Sewer Use Code” and violators are subject to penalties. No building sewer will be approved unless visually inspected by an inspector authorized by SCDPW. An authorized SCDPW inspector must be present when the connection is made to the sewer stub.
3. Notify the SCDPW at least two working days prior to commencing work to schedule an inspection, call (631) 854-4185. Inspections will be made only during the normal working hours.
4. In case of emergency call (631) 854-4150 for the Southwest Sewer District #3 and (631) 852-4109 for all other Suffolk County owned Sewer Districts.
5. All construction methods and materials shall comply with the regulations issued for building sewer connections. Copies of **Technical Specifications and Guidelines for the Construction of Building Sewers** may be obtained at the offices of the SCDPW.
6. Where use of septic tanks, cesspools, or overflow pools is discontinued following connection to sewage works, the owner of the property containing such septic tanks, cesspools or overflow pools shall have all such structures located and all shall be properly emptied, cleaned and backfilled with earth, sand or other clean material acceptable to the Administrative Head **immediately** following connection to the sewer. Access for inspection must be provided. Failure to have all cesspools, septic tanks and overflow pools, whose use is discontinued, properly abandoned is unlawful.
7. In accordance with New York State Industrial Code Rule 53, prior to performing excavation the excavator must notify Dig Net at 811.
8. Attention is directed to the New York State Department of Health’s **Recommended Standards for Waterworks**, Section 15.4. For physical constraints and required pipe material see **Technical Specifications for the Construction of Building Sewer Connections**.
9. Keep this permit on the premises, available for exhibition at all times during the construction of the work.
10. New construction must obtain Suffolk County Health Department approval from the office of Waste Water Management before connection to a Suffolk County owned sewer district. (631) 852-5700.
11. Back Flow Preventers are required in areas connected to public sewers that are subject to back up.
12. Storm drainage, subsurface water, groundwater, roof run off and/or subsurface drainage are prohibited from entering the Suffolk County sewers. The connection of sump pumps to the County sewer system is illegal as per Suffolk County Code Chapter 740 – Sewer Section 740-25.

Warning:

Construction of a building connection is dangerous.
DO NOT attempt unless familiar with proper construction techniques.

APPLICATION FOR SPECIAL BUILDING SEWER CONNECTION

SUFFOLK COUNTY DEPARTMENT OF PUBLIC WORKS DIVISION OF SANITATION 335 Yaphank Ave Yaphank, NY 11980 Phone: (631) 854-4185 Email: SCDPWsewerpermitoffice@suffolkcountyny.gov	Permit No. _____ Issued By _____
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INSTRUCTIONS:

1. **REFER TO THE COMPLETE LIST OF INSTRUCTIONS & SPECIAL NOTES ON PAGES 1-2 BEFORE SUBMITTING THIS APPLICATION.**
2. Complete this form by printing or typing the required information.
3. The owner must obtain all required permits and complete informational forms as required by local agencies having jurisdiction, including but not limited to highway and building departments. Attach copies of required permits and forms to this application.
4. Only contractors licensed and bonded with this office will be permitted to install sewer connections.
5. Attach a copy of your most recent tax bill.
6. Contractor and property owner making connection are responsible for pumping and backfilling of sanitary system.
7. A CERTIFICATE OF APPROVAL will be issued when all work, including pumping, and backfilling of cesspools, septic tanks and overflow pool has been satisfactorily completed.
8. New construction and subdivisions must include new Suffolk County Tax lot numbers and new house numbers, Part of (p/o) will not be accepted.
9. Applications must be accompanied by a detailed utility site plan.

Name of Subdivision:	Lot No.:	DPW Job No.: (if applicable)
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INFORMATION REQUIRED FOR LOCATION REQUESTING SEWER CONNECTION

Name of Facility:			Telephone #:
Address:	City:	State:	Zip:
Tax Map ID: District:	Section:	Block:	Lot:
Name of Nearest Intersection Streets:			
DPW Registered Contractor's Name:			Telephone #:
Property Owner:			Telephone #:
Address	City:	State:	Zip:

FOR ALL CESSPOOL, SEPTIC TANKS, OVERFLOW POOLS

Proposed Scavenger Waste Hauler's Name:	Permit No.:
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CHECK ALL APPROPRIATE BOXES

<input type="checkbox"/> New Construction <input type="checkbox"/> Existing Building New Connection <input type="checkbox"/> Addition to Connected Dwelling <input type="checkbox"/> Disconnect, Demo then Reconnect <input type="checkbox"/> Dewatering Required <input type="checkbox"/> Pole Hold Needed <input type="checkbox"/> Repair of Existing Connection <input type="checkbox"/> Roots at Spur <input type="checkbox"/> Broken Pipe <input type="checkbox"/> Blockage <input type="checkbox"/> Settled or Back Pitched Pipe New Spur or Point of Connection Needed <input type="checkbox"/> Cut in Wye <input type="checkbox"/> Core Existing Manhole <input type="checkbox"/> Main Extension <input type="checkbox"/> Install New Manhole	<input type="checkbox"/> Industrial <input type="checkbox"/> Institutional: _____ # of Beds Offices <input type="checkbox"/> Medical or <input type="checkbox"/> Non-Medical <input type="checkbox"/> Retail Food Services: <input type="checkbox"/> Bar (drinks only): _____ # of seats <input type="checkbox"/> Restaurant: _____ # of seats <input type="checkbox"/> Caterer: _____ # of seats <input type="checkbox"/> Cafeteria: _____ # of seats <input type="checkbox"/> Open to Public: _____ # of seats Other: _____
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TAKE NOTICE THAT FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW. BY SIGNING THIS PERMIT ALL PARTIES UNDERSTAND AND AGREE TO FOLLOW ALL CODES, GUIDELINES, TECHNICAL SPECIFICATIONS AND SPECIAL NOTES PERTAINING TO SEWER CONNECTION.

PROPERTY OWNER'S SIGNATURE:	DATE:	CONTRACTOR'S SIGNATURE:	DATE:
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FOR SUFFOLK COUNTY DEPARTMENT USE ONLY

Connection Completed	DATE:	Cesspools, Septic Tanks, Overflow Pools Pumped and Backfilled:	DATE:
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Fee
 R/O
 Special R/O

**SUFFOLK COUNTY DEPARTMENT OF PUBLIC WORKS
DIVISION OF SANITATION
335 Yaphank Ave
Yaphank, NY 11980
Phone: (631) 854-4185
Email: SCDPWSewerPermitOffice@SuffolkCountyNY.Gov**

**APPLICATION FOR SPECIAL BUILDING SEWER CONNECTION
COMMERCIAL/INDUSTRIAL WASTES IDENTIFICATION**

Tax Map ID#	District	Section	Block	Lot
Work Shifts per day (enter times)	Day	Evening	Night	
Number of personnel per shift	Day	Evening	Night	

Describe the specific nature of business; include all applicable NAICS codes (www.naics.com)

Describe all Processes and Commercial or Institutional Operations (check all boxes that apply):

ü	Process	Description	Chemicals Used	
			Type	Quantity
<input type="checkbox"/>	Manufacturing			
<input type="checkbox"/>	Finishing			
<input type="checkbox"/>	Assembly/Packaging			
<input type="checkbox"/>	X-Ray/Photo			
<input type="checkbox"/>	Dental			
<input type="checkbox"/>	Laboratory			
<input type="checkbox"/>	Food Preparation			
<input type="checkbox"/>	Laundering			
<input type="checkbox"/>	Automotive			
<input type="checkbox"/>	Waste Treatment			
<input type="checkbox"/>	Laboratory			
<input type="checkbox"/>	Other:			

Specify all potential Sources of wastes and wastewater including those you described above:

Waste Source	ü	Estimate Gallons per Day	Waste Source	ü	Estimate Gallons Per Day
None (bathrooms only)	<input type="checkbox"/>		Boiler Blow-Down	<input type="checkbox"/>	
Equipment wash down	<input type="checkbox"/>		Treatment system effluent	<input type="checkbox"/>	
Production area/floor wash down	<input type="checkbox"/>		Waste Liquids from Repackaging	<input type="checkbox"/>	
Finishing rinses	<input type="checkbox"/>		Kitchen/Laundry wastes	<input type="checkbox"/>	
Dental rinses	<input type="checkbox"/>		Spent Chemicals	<input type="checkbox"/>	
Cooling water	<input type="checkbox"/>		Other (specify)	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>		Other (specify)	<input type="checkbox"/>	

List all sources (including private wells) of drinking, process, and cooling water used at the facility. Attach copies of water bills for the previous 12-month period.

Attach property survey, and plans or sketch of proposed installation showing property lines, underground utilities, utility poles, structures and trees within 10 feet of installation.

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PART III - REQUIRED SURVEY – COMMERCIAL ACCOUNTS

Please provide the information requested on PART III of this application regarding occupancy and water usage so that sewer use fee levels may be correctly determined. This information will also aid our review of chemical/objectionable waste discharge.

INSTRUCTIONS FOR COMPLETING PART III - COMMERCIAL SURVEY
ALL ITEMS MUST BE COMPLETED

- Provide the number of residential dwelling units, if any, and the total number employees working in the building.

- Indicate the Suffolk County Water Authority Office, or the name and location of any other public water company through which you receive water service. If your source of water is a private well, please indicate the yearly flow in gallons as well as the number of employees.

- List each tenant or business located at this property with their street address and/or unit number. ALL UNITS, VACANT OR OTHERWISE, MUST BE LISTED. Also, indicate the type of business and the WATER ACCOUNT NUMBER for each tenant or business located at this property. If there has been a change in tenancy (including a newly occupied space), show the beginning date of the new tenant in the 'FIRST DATE OF OCCUPANCY' column. Use additional sheets if necessary. If there have been structural changes to the property that have altered the total number of units, please indicate this in writing on a separate sheet of paper.

- Make sure that the water account number given for each tenant or business matches the account number shown on the water bill.

- Read and sign the declaration at the bottom of the sheet.

Return signed and completed survey form to the Permit Office with your sewer connection application form. If you have any questions regarding this survey, please contact the sewer billing office at: (631) 852-4060.

COUNTY OF SUFFOLK



EDWARD P. ROMAINE
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF PUBLIC WORKS

CHARLES J. BARTHA, P.E.
COMMISSIONER

LESLIE A. MITCHEL
DEPUTY COMMISSIONER

MICHAEL J. MONAGHAN, P.E.
CHIEF DEPUTY COMMISSIONER

DARNELL TYSON, P.E.
DEPUTY COMMISSIONER

CERTIFICATION OF SEWAGE DISPOSAL SYSTEM ABANDONMENT

DPW Permit Number: _____

Suffolk Tax Map # Dist: _____ Sect(s): _____ Blk(s): _____ Lot(s): _____

Project Name or Address: _____

Subdivision Name & Lot #: _____

Applicant Name: _____

I HEREBY CERTIFY THAT:

- 1. The first septic tank/leaching pool, from the foundation, was located and uncovered, AND
2. If liquid sewage was noted therein, was pumped dry by a licensed sewage hauler, AND
3. Tank/pool was inspected for outlet line to an overflow pool, AND
4. Overflow pool(s) was/were located, uncovered and items #2 and #3 were repeated until all parts of sanitary system were located, AND
5. All parts of sanitary system were removed or filled with clean backfill and any corbelled block domes collapsed.

I also certify that the sanitary system abandoned consisted of:

First tank/pool _____ feet diameter _____ feet deep () precast () block () other _____
First overflow pool _____ feet diameter _____ feet deep () precast () block () other _____
Next overflow pool _____ feet diameter _____ feet deep () precast () block () other _____
Next overflow pool _____ feet diameter _____ feet deep () precast () block () other _____

Company which pumped out sanitary system if different from certifying company:

Name of Company: _____

Address: _____

Consumer Affairs License Number: _____

Contractor Signature: _____ Date: _____

Print Name/Company: _____ Phone: _____

Address: _____

Consumer Affairs License Number: _____

This certification shall not be used in lieu of inspections required by personnel of the Department and may be duplicated on company letterhead, provided it contains the above information.
PHOTOCOPIES OF DOCUMENTS WILL NOT BE ACCEPTED

SUFFOLK COUNTY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER