

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

These two
steps may be
performed
concurrently.

- Complete the Pool Closure Report Form and fax it to the **Suffolk County Dept. of Health Services** in Farmingville.
Note: Septic System sampling may be required. Necessary sampling, if any shall be determined by the Suffolk County Dept. of Health Services – Office of Pollution Control.
- Complete the enclosed Special Sewer Permit Application and submit it to the **Suffolk County Dept. of Public Works** Bergen Point Permit Office in Babylon 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 at the Bergen Point Permit Office.
- Once the Bergen Point Permit office has all the necessary information, the application will be forwarded to the SCDPW Industrial Waste Unit (IWU) for further review. Depending on the type of business, an onsite inspection or additional information may be required by IWU. Once IWU's review is satisfied, the applicant will receive a mailed notification instructing the applicant to **contact the Bergen Point Permit office for further processing.**
- Following the IWU review and contact with the Permit Office, the applicant will be informed of the necessary connection requirements. The applicant must hire an **approved** contractor to perform the work. The Permit to Connect will NOT be finalized before an **approved** contractor has been retained. Once the connection permit is finalized, and inspection fees are paid, the **approved** contractor should schedule construction inspection times and dates with the Permit Office.

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

www.suffolkcountyny.gov/Departments/PublicWorks/onlineforms

Contact Information

SCDPW Bergen Point Permit Office

Phone: (631) 854-4185, Fax: (631) 854-4176, Email: sewerpermits@suffolkcountyny.gov

SCDPW Industrial Waste Unit

Phone: (631) 852-4173, Email: doreen.carlson@suffolkcountyny.gov

SCDHS Office of Pollution Control

Phone: (631) 854-2501, Email: janet.gremli@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

JAMES L. TOMARKEN, MD, MPH, MBA, MSW
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.

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 faxing the application to (631) 854-2505

A representative of the office will review the Department's files to determine if additional information or an inspection is required. If sampling is necessary, it will be the responsibility of the property owner to schedule the sampling event through an environmental consultant or laboratory. It will be necessary to contact the Department seventy-two (72) hours in advance so that a County representative may witness the sampling activities.

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) 854-2502.

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 #: _____ Fax #: _____

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) 854-2502 SCDHS/WWM (631) 852-5700

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

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

Please indicate **NORTH** ↑



North

Bureau of Environmental Investigation and Remediation (BEIR)

Pre-Sampling Checklist for Sanitary/UIC Abandonment/Modification

Wastewater Management File Reference # _____

Office of Pollution Control File Reference # _____

Property Name _____

No. & Street _____

Hamlet _____

Township _____

Zip Code _____

1. List all sanitary systems and/or Underground Injection Control (UIC) structures to be abandoned/modified:

2. Please include a site sketch (8.5" x 11") of the existing structure(s) to be abandoned (not those proposed for installation). All structures must be identified (overflow pools, grease traps, septic tanks) on the site sketch. Records from survey site plans or sewer districts are acceptable if they provide the necessary information.
3. Are these systems/structures accessible?
 - a. Are all pools to grade, covers able to be lifted/opened, not rusted shut or secured closed? Y N
 - b. Are pools buried, blocked by a structure, paved over, or otherwise inaccessible? If so, excavation is required or a Geoprobe may be used. Y N
4. Are all remaining components of the system accessible for sampling? Y N
5. Please list the name and title of the site representative who will be present for the sample collection. (Acceptable representatives include: property owner, engineer, design professional, legal agent, environmental consultant, etc.)

Name _____

Title and Company _____

Phone _____

Facsimile _____

6. Site physically visited and inspected by site representative prior to sample collection:

Date _____

Name _____

Title and Company _____

Phone _____

Facsimile _____

A sample date will be scheduled with BEIR upon receipt of this form. Please ensure that the completed information is current and accurate to avoid incurring additional costs or delays. You may forward the completed form and site sketch to:

Regular Mail
Dept. of Health Services
Attn: J. Green, Public Health Sanitarian
Office of Pollution Control, BEIR
15 Horseblock Place
Farmingville, NY 11738

Facsimile (631) 854-2505
Attn: J. Green, Public Health Sanitarian
Office of Pollution Control, BEIR

Remittance via:

Print Name _____

Date _____



SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

APPLICATION FOR REVIEW OF ENVIRONMENTAL SITE ASSESSMENT

OFFICIAL USE ONLY	File Reference Number	Facility ID. Number
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Check Number	Check Amt.	ESA File Number
	\$	SA File Number
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

(1) Property Tax

Map No. District Section Block Lot

(2) Facility Name

Physical Address Hamlet State NY Zip

Water Supply: Public / Private Sewage Disposal: Public / Private

(3) Property Owner's Name Phone Number Fax Number

Mailing Address Hamlet State NY Zip

Contact Person E-mail Address

(4) Consultant/Agent Phone Number Fax Number

Mailing Address Hamlet State NY Zip

Contact Person E-mail Address

(5) Indicate report type: *Review fee indicated below.*

Phase I / Phase II Remediation Oversight Closure Sanitary / UIC Sampling
\$500.00 ESA \$500.00 REMED \$500.00 ESA \$150.00 SAN-ABD

(6) Suffolk County Office of Wastewater Management Reference Number (if applicable)

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(7) Return this form with a check made payable to:

Suffolk County Department of Health Services
 Office of Pollution Control • 15 Horseblock Place • Farmingville, NY 11738
 Phone: (631) 854-2502 • Fax: (631) 854-2505

(8) I Certify that all information supplied heron and in all attached material is true to the best of my knowledge.

 Consultant/Agent Signature Print Name Date

Instructions for filling out the Application for Review of Environmental Site Assessment

1. Suffolk County Tax Map Number

Do not leave any portion of tax map number blank. FILL IN COMPLETELY. District-Section-Block-Lot

2. Facility Name

The existing name of the facility must be completed. If the facility is abandoned or has no current occupant, please indicate the former name and "OOB" (Out Of Business). Physical address must include street number, street name, hamlet and zip code.

WATER SUPPLY: Circle one of the two options for "Water Supply."

Select "Public" for water supplied by a local water utility or "Private" for water supplied by private well.

SEWAGE DISPOSAL: Circle one of the two options for "Sewage Disposal."

Select "Public" if connected to municipal sewer or "Private" if connected to on-site sanitary system.

3. Property Owner

Must include the property owner's mailing address as mail correspondence will be sent to said person. If contact person is the property owner, write "same" in box. Include e-mail address and fax number.

4. Consultant / Agent

Fill out Consultant/Agent section completely to allow for notification throughout the review process. Include fax number and e-mail address.

5. Review Type

Phase I / Phase II. To be completed by applicant and submitted with payment of \$500.

You are submitting a Phase-I or Phase-II site assessment to be reviewed. The following information must be included in the submittal:

1. Site map including all sanitary systems, storm-water leaching pools, interior/exterior floor drains.
2. Site description, including property history.
3. Laboratory analysis.
4. Proposed work plan.

Remediation Oversight. Issued by this office. Complete, sign and return with payment of \$500.

This applies to any Phase-II reports, sanitary abandonment, or any UIC closure where lab data indicates a remediation is required. Application to be issued by this office and will be included with the Notice-To-Remediate.

Sanitary/ UIC Sampling. Issued by this office. Complete, sign and return with payment of \$150.

1. Applicable for abandonment of a current on-site sanitary system to connect to a municipal STP, or modification / abandonment an existing sanitary system or UIC structure.

Application to be issued by this office and will be included with the notice-to-sample and pre-sampling checklist.

Closure Report. To be completed by applicant and submitted with payment of \$500.

Include end-point samples, signed disposal manifests, and any other documentation regarding the remediation.

A "No-further-action" letter will be issued upon review and approval.

6. SCDOH Office of Wastewater Management Reference Number

This number is required ONLY for applications associated with a Wastewater Management project.

This number can be found on your application for "Sewage Disposal Facilities and Water Supply Systems for Other Than Single Family Residences." (WWM-004)

7. Payment

Submit a check for the total amount, made payable to "Suffolk County Department of Health Services."

A separate application and fee of \$500.00 will be required for the Phase-II report submittal.

Where a remediation will be performed, one application and check for **Remediation Oversight** (\$500.00) and the Closure Report (\$500.00) is required.

8. Sign and print name.

Include date signed.



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

**COMMERCIAL SEWER CONNECTION
APPLICATION PACKET**

SUFFOLK COUNTY DEPARTMENT OF PUBLIC WORKS
DIVISION OF SANITATION
600 Bergen Avenue
West Babylon, New York 11704
Phone: (631) 854-4185
Email: sewerpermits@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
600 Bergen Avenue
West Babylon, New York 11704
Phone: (631) 854-4185
Email: sewerpermits@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
 600 Bergen Avenue
 West Babylon, New York 11704
 Phone: (631) 854-4185
 Email: sewerpermits@suffolkcountyny.gov

Permit No.

Issued By

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 do 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 pools has been satisfactorily completed and inspected.
8. New construction on subdivisions must include new Suffolk County tax lot numbers and new house numbers.
9. Applications must be accompanied by a detailed utility site plan.

 Part of Subdivision

Name of Subdivision:

Lot No.:

DPW Job No.: (if applicable)

INFORMATION REQUIRED FOR LOCATION REQUESTING SEWER CONNECTION

Name of Facility:			Telephone #:		
Address:		City:		State:	Zip:
Contact Person:			Title:		Telephone #:
Tax Map ID#	District:	Section:	Block:	Lot:	
DPW Registered Contractor's Name:				Telephone #:	
Name of Nearest Intersection Street:					
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 <input type="checkbox"/> 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 <input type="checkbox"/> Offices <input type="checkbox"/> Medical or <input type="checkbox"/> Non-Medical <input type="checkbox"/> Retail <input type="checkbox"/> Food Services: <input type="checkbox"/> Bar: _____ # of seats <input type="checkbox"/> Restaurant: _____ # of seats <input type="checkbox"/> Caterer: _____ # of seats <input type="checkbox"/> Cafeteria: <input type="checkbox"/> open to the public _____ # of seats <input type="checkbox"/> Other: _____
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TAKE NOTICE THAT FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A 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
600 Bergen Avenue
West Babylon, New York 11704
Phone: (631) 854-4185
Email: sewerpermits@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):

✓	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	✓	Estimate Gallons per Day	Waste Source	✓	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.

SUFFOLK COUNTY DEPARTMENT OF PUBLIC WORKS
DIVISION OF SANITATION
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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.

