



# Wastewater Quality Control Application

PLEASE PRINT OR TYPE. APPLICANT MUST COMPLETE BOTH PAGES OF THIS FORM. INCORRECT OR INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED. 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, 4<sup>th</sup> Floor  
Corona, NY 11368  
Attn: Frances Leung, P.E., Chief**

<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:		
[ ] 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:	DAYS --OR-- ONE YEAR (PLEASE INDICATE NUMBER OF DAYS IF LESS THAN ONE YEAR)
<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 & SIGNATURE (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:		

**NEW YORK CITY  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WASTEWATER TREATMENT  
INDUSTRIAL INSPECTIONS & PERMITTING SECTION**

**PROCEDURE FOR OBTAINING LETTER OF APPROVAL FOR GROUNDWATER DISCHARGE  
TO SANITARY OR COMBINED SEWER**

Applicant must submit:

1. One cover letter describing the project in details.
2. One complete Wastewater Quality Control (WQC) application.\*
3. One Site Plan (to scale)\*. The site plan must indicate, at a minimum:
  - *Location, type (sanitary or combined), and size of the public sewer.*
  - *Existing and proposed sewer connections from the project site to the public sewer line (indicate whether the connecting pipe is above or below ground level).*
  - *Adjacent streets around the project site.*
  - *Location of equipment: pumps, pipes, pretreatment equipment, etc.*
  - *Location(s) of point(s) of discharge (POD).*
  - *Location and description of sampling point location(s).*
  - *Pump capacity (capacities) in gallons per minute (gpm).*
  - *Properly sized and approved pretreatment systems. Manufacturer specifications and engineering must also be submitted.*
  - *A detailed flow/layout diagram of the different types of pretreatment equipment used.*
  - *Clearly drawn property lines of the project site.*
4. An analytical report of the groundwater to be discharged. Samples must be taken downstream from pretreatment equipment if such exists, and be representative of nature of proposed groundwater discharge. All laboratory analyses must be conducted by a New York State Department of Health certified wastewater laboratory for the parameters listed in Table A. The results must be certified by the laboratory and submitted on the laboratory's letterhead. For each sample, the laboratory report must indicate, at a minimum: the date of sampling, time sample was taken, sample location, chain of custody, sampling preservation procedures, analytical techniques used, date of analysis, units of measurement, and the laboratory's sample identification. Where the analytical result reported is below the method detection level, the laboratory report must also indicate the method detection level.

The project name referenced on the analytical report must be identified exactly as it is in the WQC application.

5. If the proposed discharge exceeds 10,000 gallons per day, additional approval must be obtained from the NYCDEP's Bureau of Water and Sewer Operations, Chief of Permitting and Compliance. The contact person is Mr. Suresh Kumar, Engineer-In-Charge, and can be reached at (718) 595-5205.
6. Prior to commencement of discharge, the permittee must obtain a Dewatering Permit from respective Borough Office contingent to presenting the Letter(s) of Approval and upfront payment of sewer charges, if required.
7. The Letter of Approval is contingent upon the permittee's compliance with any other Federal, State, or Local laws applicable to the permitted activity.
8. 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
9. All inquiries should be directed to the attention of Sean H. Hulbert, P.E. at (718) 595-4715.

\* This document must include **original** stamp and signature of a NYS Registered Architect or a NYS Professional Engineer.

**TABLE A**

**LIMITATIONS FOR EFFLUENT TO *SANITARY OR COMBINED* SEWERS**

<b>Parameter<sup>1</sup></b>	<b>Daily Limit</b>	<b>Units</b>	<b>Sample Type</b>	<b>Monthly Limit</b>
Non-polar material <sup>2</sup>	50	mg/l	Instantaneous	---
pH	5-12	SUs	Instantaneous	---
Temperature	< 150	Degree F	Instantaneous	---
Flash Point	> 140	Degree F	Instantaneous	---
Cadmium	2 0.69	mg/l mg/l	Instantaneous Composite	---
Chromium (VI)	5	mg/l	Instantaneous	---
Copper	5	mg/l	Instantaneous	---
Lead	2	mg/l	Instantaneous	---
Mercury	0.05	mg/l	Instantaneous	---
Nickel	3	mg/l	Instantaneous	---
Zinc	5	mg/l	Instantaneous	---
Benzene	134	ppb	Instantaneous	57
Carbontetrachloride	---	---	Composite	---
Chloroform	---	---	Composite	---
1,4 Dichlorobenzene	---	---	Composite	---
Ethylbenzene	380	ppb	Instantaneous	142
MTBE (Methyl-Tert-Butyl-Ether)	50	ppb	Instantaneous	---
Naphthalene	47	ppb	Composite	19
Phenol	---	---	Composite	---
Tetrachloroethylene (Perc)	20	ppb	Instantaneous	---
Toluene	74	ppb	Instantaneous	28
1,2,4 Trichlorobenzene	---	---	Composite	---
1,1,1 Trichloroethane	---	---	Composite	---
Xylenes (Total)	74	ppb	Instantaneous	28
PCBs (Total) <sup>3</sup>	1	ppb	Composite	---
Total Suspended Solids (TSS)	350 <sup>4</sup>	mg/l	Instantaneous	---
CBOD <sup>5</sup>	---	---	Composite	---
Chloride <sup>5</sup>	---	---	Instantaneous	---
Total Nitrogen <sup>5</sup>	---	---	Composite	---
Total Solids <sup>5</sup>	---	---	Instantaneous	---
Other				

- 1 All handling and preservation of collected samples and laboratory analyses of samples shall be performed in accordance with 40 C.F.R. pt. 136. If 40 C.F.R. pt. 136 does not cover the pollutant in question, the handling, preservation, and analysis must be performed in accordance with the latest edition of "Standard Methods for the Examination of Water and Wastewater." All analyses shall be performed using a detection level less than the lowest applicable regulatory discharge limit. If a parameter does not have a limit, then the detection level is defined as the method detection limit (MDL) and limit of quantitation (LOQ) required by the analytical method that is used to analyze the parameter. If the method does not contain an MDL or LOQ, the lab must use an approved method that does contain an MDL or LOQ. If none of the approved methods contain an MDL or LOQ for that parameter then the lab must develop its own LOQ, and report it with the analytical results.
- 2 Non-Polar Material shall mean that portion of the oil and grease that is not eliminated from a solution containing N-Hexane, or any other extraction solvent the EPA shall prescribe, by silica gel absorption.
- 3 Analysis for PCBs is required if **both** conditions listed below are met:
  - 1) if proposed discharge  $\geq$  10,000 gpd;
  - 2) if duration of a discharge > 10 days.
 Analysis for PCBs must be done by EPA method 608 with MDL= $\leq$ 65 ppt. PCBs (total) is the sum of PCB-1242 (Arochlor 1242), PCB-1254 (Arochlor 1254), PCB-1221 (Arochlor 1221), PCB-1232 (Arochlor 1232), PCB-1248 (Arochlor 1248), PCB-1260 (Arochlor 1260) and PCB-1016 (Arochlor 1016).
- 4 For discharge  $\geq$  10,000 gpd, the TSS limit is 350 mg/l. For discharge < 10,000 gpd, the limit is determined on a case by case basis.
- 5 Analysis for Carbonaceous Biochemical Oxygen Demand (CBOD), Chloride, Total Solids, and Total Nitrogen are required if proposed discharge  $\geq$  10,000 gpd. Total Nitrogen = Total Kjeldahl Nitrogen (TKN) + Nitrite (NO<sub>2</sub>) + Nitrate (NO<sub>3</sub>).