



B SCOT

NYC DEPARTMENT OF BUILDINGS
SEWER SELF CERTIFICATION
HOUSE CONNECTION PROPOSAL FORM
For 1-, 2-, or 3- Family Home Only
VALID FOR TWO (2) YEARS

AMENDED

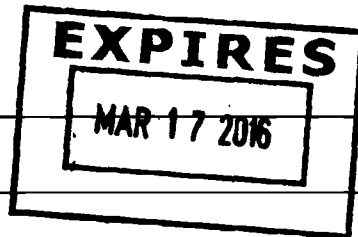
SDK 30-14SB

HC

PROJECT DATA:

Borough of BROOKLYN Building Dept. No (s) 320704877
Tax Block 7589 Lot (s) 18 Zoning R2 Map No. 23a
Project Location 3089 BEDFORD AVENUE
Site Area 6000 (sq. ft.) Attached NYC Water Board Review Fee \$ 100.00

1. PLAN



All House Connections Must Be Gravity Lines Only

2. HOUSE CONNECTIONS REQUESTED:

Total Developed Site Storm Flow 0.690 cfs

Allow. Storm Flow to the Sewers 0.25 cfs

☒ Detention ☐ Retention

	<u>Sanitary</u>	<u>Storm</u>	<u>Comb.</u>	<u>Drywells</u>
No. Requested			<u>1</u>	<u>XXXXXXX</u>
Size			<u>6"</u>	<u>XXXXXXX</u>
Material (s)			<u>XHCI</u>	<u>XXXXXXX</u>
Total Q (s)	<u>0.004</u>	<u>0.247</u>	<u>0.251</u>	

Note: The property owner is responsible for plugging all inactive pre-existing sewer connections.

3. CONNECTION INFO:

- ☒ Connection to exist:
☒ Spur ☐ Riser ☐ Curb Connection
- ☐ Proposed New Riser
- ☐ Fold Spur in
- ☐ Drill in
- ☐ Reuse Plugged Connections

4. SUPPORT DOCUMENTS:

- *1. Site Plan – 6 copies with hydraulic calculations Attached
- *2. Survey – 3 copies with watercourse note Attached
- *3. Tentative Lot Number Request Form – Attached Not Applicable x
4. Department of Buildings Amendment – Attached Not Applicable x
5. Builders Pavement Plan – Attached Not Applicable x
6. Boring Logs – Attached Not Applicable x
7. Other (Specify) Attached

* Requires PE/RA Stamp and Original Signature (L.S. for Survey)

5. **SEWER INFORMATION:**

PUBLIC

- a. There (is) (is not) a sanitary sewer fronting the property available for connections. SIZE _____
- b. There (is) (is not) a storm sewer fronting the property available for connections. SIZE _____
- c. There (is) (is not) a combined sewer fronting the property available for connections. SIZE 48"
- d. Sanitary discharge tributary to:

Location

City Treatment Plant - N/A

- e. Distance to, and location of nearest allowable drainage plan sewer:
- i. Sanitary Outlet N/A
- ii. Storm Outlet N/A
- iii. Combined Outlet N/A

6. **WATERCOURSE INFORMATION:**

There (is) (is not) a watercourse traversing the development site.

Topo. Map No. N/A

Statements and Signatures (Complete the appropriate sections and sign below. All professionals must affix their seal)

APPLICANT

IDENTIFICATION OF RESPONSIBILITIES

I hereby state that the above information is correct and complete to the best of my knowledge and is in compliance with all applicable Administrative Code Provisions and all Departmental Rules, Regulations, and Directives, except where noted.

Falsification of any statement is a misdemeanor under section 26-124 of the Administrative Code and is punishable by a fine or imprisonment, or both.

It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for consideration. Violation is punishable by imprisonment or fine, or both.

Name of Applicant O. RUDITSER, P.E. Phone Number (718) 339-9116

Address 1839 Ocean Parkway City BROOKLYN State NY Zip Code 11223

Signature [Signature] Date _____



OWNER

I hereby state that I have authorized the applicant to perform the work specified herein, and agree to indemnify and save harmless to the fullest extent permitted by law, the City of New York, the New York City Water Board, and the New York City Municipal Water Finance Authority (hereinafter collectively called "the City") and their, respective officers, representatives, agencies, contractors, servants and employees from and against any and all claims, suits, actions, proceedings, and losses ("claims and losses") that may arise from the construction, maintenance, operation, or use of any connection to the City Sewer System that I or my contractor connect to the City Sewer System from the subject site after the date of this certification and prior to the issuance of this certification and prior to the issuance of the certificate of inspection by the City Department of Environmental Protection.

Name of Owner DAVID BUREKHOVICH Phone Number (718) 438-1447

Address 568 EAST 9 STREET City BROOKLYN State NY Zip Code 11218

Signature [Signature] Date _____