



**GREAT NECK
WATER POLLUTION CONTROL DISTRICT**

APPLICATION FOR HAIR TRAP – CHECKLIST

Check List

1. Completely fill out the applicant information, site information and licensed plumber information.
2. Indicate type of work to be performed (new hair trap installation, modification to existing facility).
3. Indicate permit deposit for cost type.
4. Provide check or money order for deposit for cost.
5. Provide the following owner(s)/facility information:
 - Name of any and all owners.
 - Name and address of facility.
 - Contact telephone number(s).
 - Estimated opening date.
6. Submit complete signed and sealed drawings from an Architect or Engineer, licensed in the State of New York, including the following information. (Note that the following information is required regardless of whether the plumbing system is new or existing).
 - Type of facility (Hair Salons, Barber Shops, Pet Grooming Shops, etc.)
 - Facility hours of operation.
 - Proposed plan showing location of the proposed hair trap and all fixtures connected to the proposed hair trap.
 - Proposed sanitary plumbing riser diagram.
 - Manufacturer's catalog cuts for proposed hair trap including manufacturer's model number, physical dimensions, and material of construction.
 - Manufacturer's catalog cuts of all fixtures connected to the proposed hair trap including physical dimension (L x W x D) of all fixtures.

- Hair traps shall be permanently installed on the drain line of each fixture (excluding restroom fixtures) discharging to the District's Sanitary Collection System. Removable sink drains will not be accepted.
- Hair trap shall be Zurn Z1175 Hair Interceptor, Jay R. Smith 8750/8760 Hair Interceptor or equal.

BOARD OF COMMISSIONERS

JERRY LANDSBERG
CHAIRMAN

STEVE REITER
SECRETARY

PATTY KATZ
TREASURER



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GREAT NECK
WATER POLLUTION CONTROL DISTRICT
APPLICATION FOR HAIR TRAP

APPLICANT INFORMATION:

Applicant Name: _____
Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Business Phone: _____ Fax: _____
E-mail Address: _____

SITE INFORMATION:

Building Owner's Name: _____ Contact Phone: _____
Company Name: (if applicable) _____
Site Address: _____
City: _____ Zip Code: _____ Town/Village: _____
Section: _____ Block: _____ Lot(s): _____

LICENSED PLUMBER INFORMATION:

Company Name: _____
Licensed Plumber's Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Business Phone: _____ Town of Hempstead License Number: _____

TYPE OF WORK TO BE PERFORMED:

(Check Appropriate Box)

- New Hair Trap Modification to Existing Facility
 Other _____

DEPOSIT FOR COST:

- \$750 _____ Deposit For Cost Other _____

A "deposit for cost" shall be included with the application for hair trap. Upon acceptance of the hair trap installation, any funds not utilized will be returned to the applicant. Should additional funds be required beyond the initial deposit, the applicant will be responsible. "Deposit for cost" is noted above.

PAYABLE BY CHECK OR MONEY ORDER TO: GREAT NECK WATER POLLUTION CONTROL DISTRICT

FOR DISTRICT USE ONLY

Deposit For Cost \$: _____ Check Number: _____ Check Date: _____
Application Received By: _____ Date: _____

GREAT NECK WATER POLLUTION CONTROL DISTRICT – GREAT NECK, NEW YORK

HAIR TRAP PERMIT ISSUED UPON ACCEPTANCE OF THIS APPLICATION WILL BE SUBJECT TO THE FOLLOWING CONDITIONS:

1. THE INSTALLER SHALL ABIDE BY ALL PROVISIONS OF THE ORDINANCES, RULES AND REGULATIONS OF THE GREAT NECK WATER POLLUTION CONTROL DISTRICT.
2. THIS PERMIT SHALL NOT RELIEVE THE PERMITTEE OR INSTALLER FROM OBTAINING ANY ADDITIONAL PERMITS REQUIRED BY LAW, ORDINANCE, OR REGULATION OF NEW YORK STATE, NASSAU COUNTY, TOWN OF NORTH HEMPSTEAD OR INCORPORATED VILLAGE.
3. THE PERMITTEE SHALL MAINTAIN THE HAIR TRAP AND BUILDINGS SEWER LINE TO THE SEWER MAIN INCLUDING THE CONNECTION TO THE SEWER MAIN.
4. ALL WORK MUST BE INSPECTED BY A GREAT NECK WATER POLLUTION CONTROL DISTRICT REPRESENTATIVE AND NO WORK SHALL BE COVERED PRIOR TO INSPECTION AND ACCEPTANCE BY THE DISTRICT.
5. SHEETING AND SHORING IS REQUIRED ON ALL TRENCHES GREATER THAN 5 FEET IN DEPTH.
6. THE PERMITTEE SHALL NOTIFY THE GREAT NECK WATER POLLUTION CONTROL DISTRICT IMMEDIATELY IN THE EVENT OF ANY ACCIDENT, CHANGE OF CONDITIONS OR OTHER OCCURRENCE THAT OCCASIONS DISCHARGE TO THE STREET SEWER. FAILURE TO COMPLY WITH THIS CONDITION SHALL VOID THIS PERMIT.
7. APPLICATION MUST BE KEPT ON THE PREMISES, POSTED CONSPICUOUSLY.
8. APPLICATION SHALL BECOME VOID IF WORK IS NOT COMPLETED WITHIN THIRTY (30) DAYS FROM THE DATE OF ISSUANCE. NO REFUND WILL BE MADE FOR PERMITS ISSUED AND NOT USED WITHIN THE GIVEN TIME FRAME.
9. ALL NEW FACILITIES REQUIRING A HAIR TRAP OR EXISTING FACILITIES MODIFYING AN EXISTING HAIR TRAP INSTALLATION SHALL SUBMIT ALL INFORMATION REQUIRED BY THE ATTACHED "CHECKLIST." NO WORK RELATED TO THE NEW HAIR TRAP INSTALLATION SHALL BE CONDUCTED UNTIL THE HAIR TRAP SUBMITTAL IS APPROVED. AFTER THE WORK IS COMPLETED AN INSPECTION WILL BE REQUIRED TO VERIFY THE INSTALLATION IS IN ACCORDANCE WITH THE APPROVED SUBMITTAL. ALL INSPECTIONS MUST BE REQUESTED IN WRITING AND BE SCHEDULED WITH THE GREAT NECK WATER POLLUTION CONTROL DISTRICT NO LESS THAN FORTY-EIGHT (48) HOURS IN ADVANCE.
10. THE GREAT NECK WATER POLLUTION CONTROL DISTRICT MAKES NO WARRANTY WITH REGARD TO THE LOCATION OF THE BUILDING SEWER LINE OR POINT OF CONNECTION. THE LOCATION OF THE AFOREMENTIONED SHALL BE THE SOLE RESPONSIBILITY OF THE PERMITTEE.

THE OWNER OR LESSEE (PERMITTEE) AND THE LICENSED PLUMBER HAVE READ THE ABOVE CONDITIONS AND ALL OF THE RULES AND REGULATIONS OF THE GREAT NECK WATER POLLUTION CONTROL DISTRICT COMPLETELY AND THOROUGHLY. THESE CONDITIONS WILL GOVERN THE CONNECTION OF THE HAIR TRAP BY THE PERMITTEE AND APPEAR ON THE FACE OF THE PERMIT WHEN ISSUED. THE PERMITTEE AND THE LICENSED PLUMBER WILL BE HELD LEGALLY RESPONSIBLE FOR THE ADHERENCE TO ALL OF THESE CONDITIONS, AND ALL ORDINANCES, RULES AND REGULATIONS OF THE GREAT NECK WATER POLLUTION CONTROL DISTRICT.

Name: _____ Date: _____

Signed: _____
Owner or Lessee

Address of Owner or Lessee _____ City of Owner or Lessee _____ State of Owner or Lessee _____ Zip Code of Owner or Lessee _____

State of New York }
County of _____ } ss. On the _____ day of _____ in the year _____ before me, the
Day Month Year
undersigned, a Notary Public in and for said state, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Signature of Notary Public

Name: _____ Date: _____

Signed: _____
Licensed Plumber

Address of Licensed Plumber _____ City of Licensed Plumber _____ State of Licensed Plumber _____ Zip Code of Licensed Plumber _____

State of New York }
County of _____ } ss. On the _____ day of _____ in the year _____ before me, the
Day Month Year
undersigned, a Notary Public in and for said state, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Signature of Notary Public