

**BOARD OF COMMISSIONERS**

**JERRY LANDSBERG**  
CHAIRMAN

**STEVE REITER**  
SECRETARY

**PATTY KATZ**  
TREASURER



236 EAST SHORE ROAD  
GREAT NECK, NEW YORK 11023  
WWW.GNWPCD.NET

TEL: (516) 482-0238  
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WWW.GNWPCD.NET

**GREAT NECK  
WATER POLLUTION CONTROL DISTRICT**

**APPLICATION FOR NEW OR EXISTING FUNERAL HOME  
REQUIREMENTS AND CHECKLIST**

All new and existing Funeral Homes that discharge wastewater to the Great Neck Water Pollution Control District's (GNWPCD) collection system are required to complete and submit the attached "Application for New or Existing Funeral Home" to the GNWPCD.

**Application Check List**

When submitting an "Application for New or Existing Funeral Home" please ensure that the following is complete:

1. Completely fill out the applicant information, site information and licensed plumber information if applicable.
2. Indicate type of any work to be performed (new plumbing installation, modification to existing plumbing installation, none, etc.).
3. Provide check or money order for deposit for cost if necessary.
4. Provide the following owner(s)/facility information:
  - Name of any and all owners.
  - Name and address of funeral home.
  - Contact telephone number(s).
  - Estimated opening date or date funeral home began operating.
5. 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).
  - Funeral Home hours of operation.
  - Proposed building plan showing location of all fixtures discharging to the District's Sanitary Collection System and location and detail of any holding tanks, traps, chemical storage tanks, etc.
  - Proposed sanitary plumbing riser diagram including all fixtures discharging to the District's sanitary collection system.

6. Indicate whether or not embalming procedures are performed at the facility. Provide quantity and description of the materials used for a typical embalming procedure (if applicable).
7. Indicate estimated average monthly quantity of waste generated as a result of embalming procedure (if applicable).
8. Human blood, embalming chemicals and any other fluids drained from the body as a part of the embalming process shall be collected, hauled off-site, treated and disposed of in accordance with New York State and Nassau County Regulations. The New York State Department of Environmental Conservation considers all human blood and blood products as "Regulated Medical Waste" and as such, treatment and disposal shall be in conformance with New York Codes, Rules and Regulations, (10 NYCRR Part 70). Funeral Homes performing embalming procedures shall submit, on a quarterly basis, manifests/cradle-to-grave information including documentation on the removal/hauling company, volume of waste collected and hauled off-site, method of treatment, location of disposal, etc.
9. Funeral Homes may be required to perform periodic sampling of their wastewater and shall be responsible to submit chemical analysis of the samples taken. Sampling and analysis shall be performed by a Company/Laboratory licensed in New York State and shall include, but not be limited to, proposed chemicals used in embalming procedures.

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**GREAT NECK  
WATER POLLUTION CONTROL DISTRICT  
APPLICATION FOR FUNERAL HOMES**

**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 Facility

Modification to Existing Facility

Other \_\_\_\_\_

**DEPOSIT FOR COST:**

\$1,500 \_\_\_\_\_ Deposit For Cost

Other \_\_\_\_\_

A "deposit for cost" shall be included with the application. Upon acceptance of the plumbing 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

FUNERAL HOME DISCHARGE 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 BUILDING'S 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 PROPOSING TO DISCHARGE TO THE DISTRICT'S COLLECTION SYSTEM SHALL SUBMIT ALL INFORMATION REQUIRED BY THE ATTACHED "CHECKLIST." NO WORK RELATED TO THE NEW INSTALLATION SHALL BE CONDUCTED UNTIL THE 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 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