

Port Ewen Water/Sewer District

131 River Rd

Ulster Park, NY 12487

845-331-5900 fax 331-5981

Donald F. Kiernan, Superintendent

dfkiernan@esopus.com

Water/Sewer Tap Checklist

1. Water/Sewer tap application must be filled out completely and returned to the Port Ewen Water/Sewer District.

Please note: Incomplete applications will be denied

2. The contractor or owner must call UFPO to request mark outs of all utilities.

Dig Safely New York 811

The call center case number must be listed on the application.

The Port Ewen Water/Sewer District will schedule all taps.

3. The contractor or owner must submit proof of insurance with a minimum amount of \$ 1,000,000 and a bond in the amount of \$ 10,000. Insurance and bond must name Port Ewen Water/Sewer District as certificate holder.
4. The contractor or owner must apply for an excavation permit from the Town of Esopus Highway Dept. or the Ulster County Highway Dept. and attach a copy of the permit to the tap application. Backfilling of the tap site to be done according to the specifications of the respective Highway Departments.
5. Water/Sewer taps will be done by Department personnel unless otherwise specified.
6. One (1) water meter will be supplied by the Port Ewen Water/Sewer District.
7. All materials must be approved by the Superintendent and all plumbing must comply with Town of Esopus code.
8. An OSHA approved trench box may be required to complete the tap.
9. 2020 Fees for water and sewer taps are as follows:
Water tap - \$ 200.00
Sewer tap - \$ 200.00
Only checks or money orders will be accepted.
10. The contractor or owner must request a final inspection of the meter installation prior to the issuance of a certificate of occupancy.
11. Preliminary site meeting prior to tap application approval.

Port Ewen Water/Sewer District
Tap Application

Owner information

Name _____

Address _____

Phone # _____

Service address _____

Building permit # _____

Sec. Block, Lot # _____

Signature or owner

Date

Contractor information

Name _____

Address _____

Phone # _____

Plumber

Name _____

Address _____

Phone # _____

Approved _____ Denied _____ Date _____

Superintendent's Signature _____