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| **Project/Tenant Information** | | | | | | | | | | | | | | |
| Design-Build projects shall submit Application for Connection as determined by the Port PM/CM (It is encouraged that submittal milestones be established in PDD)  Design-Bid-Build projects shall submit Application for Connection at all project milestones (30%/60%/90%/100%)  **No connection to the utility shall be established without an approved Application for Connection** | | | | | | | | | | | | | | |
| **Date:** | Click or tap here to enter text. | | | | **CIP #:** | Click or tap here to enter text. | | | | **Mandatory Project ID#:** | | | Click or tap here to enter text. | |
| **Project Title:** | Click or tap here to enter text. | | | | | | | | | **% Design Complete:** | | | Click or tap here to enter text. | |
| **Project Description:** | Click or tap here to enter text. | | | | | | | | | | | | | |
| **Airport Tenant Company:** | Click or tap here to enter text. | | | | | | | | | | | | | |
| **Contact Person:** | Click or tap here to enter text. | | | | **Phone:** | Click or tap here to enter text. | | | | **Fax:** | | | Click or tap here to enter text. | |
| **Address:** | Click or tap here to enter text. | | | | | | | | | | | | | |
| Street City State Zip Code | | | | | | | | | | | | | |
| **Port Line of Business Representative:** | Click or tap here to enter text. | | | | | | | | | | | | | |
| **Location of Service:** | Click or tap here to enter text. | | | | | | | | | | | | | |
| **POS Project Manager:** | Click or tap here to enter text. | | | | | | | | | **Phone:** | | | Click or tap here to enter text. | |
| **Design Firm:** | Click or tap here to enter text. | | | | | | | | | | | | | |
| **Design Project Manager:** | Click or tap here to enter text. | | | | | | | | | **Phone:** | | | Click or tap here to enter text. | |
| **Lead Design Engineer:** | Click or tap here to enter text. | | | | | | | | | **Phone:** | | | Click or tap here to enter text. | |
| **Project Presented to the Mechanical System Design Review Committee on:**  If you have not presented to the Mechanical System Design Review Committee and would like to schedule a time on the agenda, please go to: <https://portseattle.sharepoint.com/sites/avficommittee/SitePages/Home.aspx> or email [AVCommittees@portseattle.org](mailto:AVCommittees@portseattle.org) | | | | | | | | | | | | | Click or tap here to enter text. | |
| **Documents Provided** | | | | | | | | | | | | | | |
| Flow Calculations | | Fixture Schedule | | | | | | | General Arrangement Drawings | | | | | |
| Elevation Drawings | | Riser Diagram | | | | | | | Connection Details | | | | | |
| **Connection Details** | | | | | | | | | | | | | | |
| 1. **Connection Requested for:** | | |  | | | | | | | | | | | |
|  | | | **New Sanitary Service** | | | | | | | | | | | |
|  | | | **Expansion of Existing Sanitation Service (Replacement)** | | | | | | | | | | | |
|  | | | **Other:** Click or tap here to enter text. | | | | | | | | | | | |
| 1. **Required Date for Connection:** | | | Click or tap here to enter text. | | | | | | | | | | | |
| 1. **Where Connected:**   (*Give manhole numbers or attach sketch)* | | | Click or tap here to enter text. | | | | | | | | | | | |
| 1. **Project Average Daily Flow:** | | | Click or tap here to enter text. gpm | | | | | | | | | | | |
| 1. **Type pf Facility Served:** | | | Click or tap here to enter text. | | | | | **Size of Facility:** | | | Click or tap here to enter text. Sq. Ft. | | | |
| 1. **Number of Fixtures:** | | | Click or tap here to enter text. | | | | | **Size of Lateral:** | | | Click or tap here to enter text. In. | | | |
| 1. **Slope:** | | | Click or tap here to enter text. In./Ft. | | | | | **Invert Elevation:** | | | Click or tap here to enter text. | | | |
| 1. **Pressure of Gravity:** | | | Click or tap here to enter text. | | | | | | | | | | | |
| 1. **Material:** | | | Click or tap here to enter text. | | | | | | | | | | | |
| 1. **New Easement Required:**   (*If yes, outline in comment section below)* | | | **Yes** | **No** | | | **Calculations Attached:** | | | | | **Yes** | | **No** |
| 1. **Drawings Attached:** | | | **Yes** | **No** | | | **As-Built Drawings Researched:** | | | | | **Yes** | | **No** |
| 1. **Drawing Numbers:** | | | Click or tap here to enter text. | | | | | | | | | | | |
| 1. **Comments:** | | | Click or tap here to enter text. | | | | | | | | | | | |
|  | | | **The Property owner is responsible for the installation, maintenance, and liability of the lateral from the system union to the building served.** | | | | | | | | | | | |
|  | | | **Inspection of new service piping on the property is required before covering. When ready for inspection, contact Paul Shen, AV Infrastructure Engineer at the Port of Seattle, 206-787-5870. Call between 8:00am and 4:30pm on weekdays at least two working days prior to inspection.** | | | | | | | | | | | |
|  | | | **Midway Sewer District fees paid. (A connection fee is required to be submitted to Midway Sewer District, prior to use of facilities. The fee is based on net increase in number of Fixture Units added to the Terminal, Satellites and Properties South to 188th Street).** | | | | | | | | | | | |
|  | | | **Valley View – Indicate if property is located North of Terminal** | | | | | | | | | | | |

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| **Fixture Schedule Changes** | | | | | | | |
| **Location:** | Click or tap here to enter text. | **Area:** | Click or tap here to enter text. | **Door #:** | Click or tap here to enter text. | **Floor:** | Click or tap here to enter text. |
| ***Fixture Count(s):*** *For each fixture type where additions/removals are to take place, enter the count of existing fixtures followed by the revised count that includes any proposed changes:*  *For fixtures in the Terminal, South Satellite or Concourses A-D: Applicant shall contact Midway Sewer District, Ryan Phelan or Marc Montieth, 3030 S 240th St, Kent, WA 98032 – (206) 824-4960; for North Satellite and buildings North of the Terminal contact Valley View Sewer District,* [*valvue@valvue.com*](mailto:valvue@valvue.com) *(email) or 3460 S 148th Suite 100, Seattle, WA 98168 – (206)242-3236 and pay the GFC charges resulting from the fixture count addition. Provide a copy of the “paid” receipt with this Application.* | | | | | | | |
|  | **WC** | **WC > 1.6 GPF** | **Urinal** | **Lavatory** | **Sink, bar** | **Sink, kit** | **Sink, mop** |
| **# Existing** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **# Proposed** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | **Sink, service** | **DF** | **FD** | **CW** | **FS (2”, 3”, 4”)** | **Shower** | **Other (Specify):** |
| **# Existing** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **# Proposed** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| ***Definitions: WC –*** *Water closet (efficient vs. more than 1.6 GPF);* ***DF –*** *Drinking fountain;* ***FD –*** *Floor Drain;*  ***DW –*** *Dishwasher;* ***CW –*** *Clothes washer;* ***FS –*** *Floor Sink* | | | | | | | |

**Drainage fixture unit values (DFU) shall be recorded as shown below:**

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| --- | --- | --- | --- |
| **WC: 3** | **Sink, Kit: 2** | **FD: 2** | **FS (2”): 4** |
| **Urinal: 2** | **Sink, Mop: 3** | **DW: 2** | **FS (3”): 6** |
| **Lavatory: 1** | **Sink, Service: 3** | **CW: 3** | **FS (4”): 8** |
| **Sink, Bar: 2** | **DF: 1** | **Glass Washer: 2** | **Shower: 2** |
| **Ice Maker: 1** | **Coffee Maker: 1** | **Ware Washer: 2** | **3-Comp Sink: 6** |
| **Steamer: 2** | **2-Comp Sink: 3** |  |  |

**If fixture(s) discharges indirectly into a floor sink, the total drainage fixture units shall not exceed the maximum fixture unit for the floor sink (Example: Ice Maker + Coffee Maker + Glass Washer + 2-Comp Sink = 7 DFU. Indirect drain would require a 4” FS. Total FDU would be recorded as 8 DFU, the value for a 4” FS).**

**NOTES: Utility Shutdown Request Form must be completed before connection during construction phase (7 days’ notice required).**

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| **Prepared by:** | Click or tap here to enter text. | **Date:** | Click or tap here to enter text. |
| *A revised application is required as the project progresses from pre-design to 100% design. No connections to the sanitary waste system will be allowed without Facilities & Infrastructure approval of this document.* | | | |

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| **Application is:** | **Approved** | | **Approved as notes** *(see below)* |
| **Revise and Resubmit** | | **Rejected** |
| **Notes:** |  | | |
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| ***Aviation/Facilities & Infrastructure*** | | ***Date*** | |

**If Tenant project, Utility Business Manager must review.**

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| **Application is:** | **Approved** | | **Approved as notes** *(see below)* |
| **Revise and Resubmit** | | **Rejected** |
| **Notes:** |  | | |
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| ***Utility Business Manager*** | | ***Date*** | |