



**ONEIDA COUNTY DEPARTMENT OF  
WATER QUALITY & WATER POLLUTION CONTROL**

51 Leland Ave, PO Box 442, Utica, NY 13503-0442

Phone: (315) 798-5656 Email: [wpc@ocgov.net](mailto:wpc@ocgov.net) Fax: (315) 724-9812

**Anthony J. Picente, Jr.**  
County Executive

**Karl E. Schrantz, P.E.**  
Commissioner

**Oneida County Sewer District  
Request for Adjustment of Sewer Charges (Residential)**

**PLEASE BE ADVISED: The Sewer District may conduct, at its own discretion, an investigation, including physical inspection of the property, to establish the legitimacy of any submitted adjustment claim.**

**Normal water consuming activities such as routine swimming pool maintenance, car washing and lawn or garden watering are not grounds for an adjustment.**

Customers may request an adjustment to an account for abnormal water consumption that was not discharged to the sewer system. Adjustments will be considered only if water consumption records indicate an abnormal pattern of water use and if physical evidence exists to support the adjustment claim.

Requests for adjustment of sewer charges must be received within 180 days of the occurrence of the event causing the abnormal water consumption.

Please complete the application on the reverse to request adjustment of sewer charges. In addition to completing the application, please provide the following documentation:

**For pools:**

- Receipt for pool purchase OR contract for pool installation (for new pools)
- Invoice for pool repair OR receipt for materials used for repair (existing pool repaired)

**For other adjustments (Broken pipes / vandalism/other):**

- Invoice for repair or statement of work performed
- Police report documenting vandalism
- Inspection report from codes officer or other licensed inspector

**In lieu of the documentation listed above, you may provide a typed/written statement of the work performed.**

Return completed application to:

Oneida County Sewer District  
P.O. Box 442  
Utica, NY 13503

OR, you may scan and e-mail to:

[sdeery@ocgov.net](mailto:sdeery@ocgov.net)

**Please Note:** Upon receipt and approval of your completed form, we will submit a request to the Mohawk Valley Water Authority (MVWA) to directly credit your account for the sewer charges on that portion of water use which did not reach the Oneida County Sewer system. A copy of this credit request will be sent to you for your records. If your request is denied, you will receive correspondence from the Oneida County Sewer District stating the reason for denial.

**The Sewer District is not responsible for lost or misdirected requests. It is the customer's responsibility to follow up with any requests made to the Sewer District.**



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**PLEASE BE SURE TO INCLUDE YOUR SUPPORTING DOCUMENTATION  
WHEN RETURNING THE COMPLETED FORM. THANK YOU!**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

MVWA Account # \_\_\_\_\_

Street Address of Sewer \_\_\_\_\_

Service: \_\_\_\_\_

*(If different from Mailing Address)*

Reason for request:

**SWIMMING POOL** *Check one:* New Pool      Repair

**(PLEASE INDICATE SIZE  
OF POOL BELOW)**

**BROKEN PIPES** *Check one:* Inside      Outside

**HOT WATER HEATER**

**VANDALISM**

**Other**

*(Please describe below or on separate page):*

\_\_\_\_\_  
\_\_\_\_\_

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**FOR OFFICE USE ONLY**

SSO Y / N

Inspection required Y / N

DATE AND TIME OF INSPECTION: \_\_\_\_\_

ADJUSTMENT APPROVED: Y / N

AMI READS ON FILE Y / N

ICE PRINTOUT ON FILE Y / N

ADJUSTMENT AMOUNT: Sewer \$ \_\_\_\_\_ SSO \$ \_\_\_\_\_