



SARATOGA COUNTY SEWER DISTRICT #1 AMALGAM SEPARATOR INSTALLATION PERMIT APPLICATION

Date Applied: _____

FOR OFFICE USE ONLY: Permit Number: _____	Reviewed By: _____
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Name of Project: _____

Location of Project: _____

Tax Map Number (SBL) of Project's Location: _____

Description of Project: _____

Former use of Premises (if not new construction): _____

Number of Dental Seats: _____

NYSDEC Notice of Dental Amalgam Separator Installation Form attached? Yes No

SCSD #1 Dental Amalgam Waste Question form attached? Yes No

Property Owner's Name: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Contractor: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Design Engineer: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Work shall be in accordance with current Saratoga County Sewer District #1 (SCSD #1) Standards and Specifications. SCSD #1 requires the amalgam separator installation permit applicant and the project's contractor to designate an agent to whom SCSD #1 shall direct all written, verbal and electronic communications regarding the proposed project or sewer connection.

NOTE: By naming such designated agent, the applicant and the project's contractor agree to be bound by all decisions communicated by said designated agent to SCSD #1 regarding the proposed project. By signing below, the designated agent assumes the responsibility of complying with SCSD#1's Sewer Use Ordinance requirements and acknowledges that they could be subject to enforcement action thereunder if necessary. SCSD #1's permit to construct sanitary sewer facilities or connections shall expire one (1) year from the date of its execution by SCSD #1 and the permittee. *See sheet two (2) for additional requirements.*

Designated Agent: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Signature of Designated Agent: _____

Name of Designated Agent: _____

(Please print)

ADDITIONAL REQUIREMENTS: Call 518-664-7396 twenty-four (24) hours in advance to schedule inspection of the amalgam separator installation. Approval for use will not be granted until a satisfactory inspection has been completed. The property owner will own and maintain the lateral up to the point of connection with SCSD #1 sewer main.

This permit does not convey legal access to any real property. Please be advised that local municipalities may have additional permitting requirements.

For additional information, forms, requirements and standard details please follow the link below:

<http://www.saratogacountyny.gov/departments/sewer-district-1/>

FOR OFFICE USE ONLY:

Engineering Certification Required Yes No

Special Conditions Attached Yes No

Fee: \$ _____ **Days:** _____ **Date Paid:** _____ **Insp. Engr.:** _____

Check # _____

Insurance Certificate Approved date: _____ **Checked By:** _____

Permit Administrator

Date of Issue

SPECIAL CONDITIONS:

