



SARATOGA COUNTY SEWER DISTRICT #1 REQUIREMENTS FOR GREASE INTERCEPTOR PERMIT APPLICATION

- All information on the Grease Interceptor Permit Application shall be completed
- Plumbing plans shall be submitted for review and approval of SCSD #1.
- Design calculations for sizing and days between pump-outs/cleanings shall be submitted for review and approval of SCSD #1.
 - Detail sheet of Grease Interceptor shall be submitted for review and approval of SCSD# 1.
 - Detail sheet(s) of fixtures connecting to Grease Interceptor shall be submitted for review and approval of SCSD #1.
- SCSD #1 will require the **contractor** to have a Certificate of Insurance listing **County of Saratoga, 40 McMaster Street, Ballston Spa, NY 12020** as certificate holder and an additional named insured prior to the signing of the permit. See Certificate of Insurance Sample Sheet.
- SCSD #1 requires that the permit fee be paid when submitting the permit application. Please refer to SCSD #1 permit fee schedule.
- A Grease Disposal Permit must be obtained from SCSD #1 for disposal at the treatment plant.

- LEGEND:**
- A. MINIMUM 6 INCHES
 - B. INLET PIPE INVERT TO BE 2-1/2 INCHES ABOVE LIQUID SURFACE
 - C. INLET PIPE TO TERMINATE 2/3 DEPTH OF WATER LEVEL
 - D. 90 DEGREE SWEEP, MINIMUM SIZE - 6 INCH SDR-26
 - E. 12 INCH FROM FLOOR TO END OF SWEEP
 - F. 12 INCH FROM FLOOR TO END OF OUTLET PIPE
 - G. MINIMUM DEPTH OF LIQUID CAPACITY - 42 INCHES
 - H. MAXIMUM DISTANCE FROM CEILING - 6 INCHES

- CAST IRON LIQUID TIGHT (GASKET) MANHOLE FRAME AND COVER TO GRADE
- NEENAH FOUNDRY R-1558 SYRACUSE CASTINGS 1012B OR APPROVED EQUAL

- RUBBER BOOT BY KOR-N-SEAL APPROVED EQUAL
- FILL VOID WITH NON-SHRINK WATER PROOF CEMENT GROUT



NOT FOR CONSTRUCTION

NOTES:

- CRUSHED STONE NOT TO EXCEED #2 IN SIZE
- ALL PIPES AND FITTINGS SHALL BE 6 INCH SDR-26
- SEWER LATERAL PIPE SHALL BE LAID AT A UNIFORM GRADE OF 1/4 INCH PER FOOT (ABOUT 2%) REFER TO SCD #1 "TRENCH DETAIL" FOR FURTHER INSTRUCTION
- WOOD SHALL NOT BE USED
- FRAME, GRADE RINGS (AS NEEDED), AND TANK SHALL BE LIQUID TIGHT AS A UNIT
- SHALL BE VACUUMED OR WATER TESTED PRIOR TO BACKFILLING
- WHERE INSTRUCTIONS ARE MANUFACTURER'S INSTRUCTIONS.
- INSTALLED IN COMPLIANCE WITH ASME A
- TANK SHALL INCORPORATE TWO (2) OR TWO (2) SIN
- CAPACITY OF 750 GALLONS
- EFFECTIVE CAPACITY OF
- MULTIPLE CAPACITY GREASE INTERCEPTORS IN SE
- REQUIRE EFFECTIVE CAPACITY IS GREATER THAN
- BAFLE LOCATED AT THE AREA OF 50 INCHES
- SHALL BE LOCATED AT THE DISTANCE BETWEEN TANK FLOOR AND
- WATERLINE
- MINIMUM

PRECAST CONCRETE GRAVITY GREASE INTERCEPTOR
 NOT TO SCALE
 (BY FORT MILLER CO. OR EQUAL)

SARATOGA COUNTY SEWER DISTRICT #1 RESERVES THE RIGHT, AT OUR DISCRETION, TO CHANGE, MODIFY, ADD OR REMOVE PORTIONS OF THESE DETAIL SPECS AT ANY TIME



SARATOGA COUNTY SEWER DISTRICT #1
 1002 HUDSON RIVER ROAD, MECHANICVILLE, NEW YORK

P.O. Box 550 Mechanicville, New York 12118
<http://www.saratogacountyny.gov/departments/sewer-district-1/>

Telephone: (518) 664-7396
 Fax: (518) 664-6280



SARATOGA COUNTY SEWER DISTRICT #1 GREASE INTERCEPTOR 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): _____

Meals per Day: _____

Plumbing Plans with Calculations Attached: Yes No

Type of Application: Indoor Grease Interceptor Outdoor Grease Interceptor

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 grease interceptor 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 grease interceptor. 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:

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A:	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS *****
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED \$ MED EXP \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$ PRODUCTS \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT OTHER THAN EA ACC AUTO ONLY: AGG
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGRGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	*****			WC STATU- OTH- TORY LIMITS ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 ***** County of Saratoga is to be named additional insured. **

CERTIFICATE HOLDER

COUNTY OF SARATOGA **
 40 McMaster Street
 Ballston Spa, New York 12020

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **** 30_DAYS WRITTEN** NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

PAY SPECIAL ATTENTION TO THE FOLLOWING SYMBOLS ***** and **

NEW CONSTRUCTION QUALITY ASSURANCE PROGRAM**PERMIT FEE SCHEDULE**

Prior to the approval and/or issuance of a permit to construct, the applicant shall pay the District a fee as described below to cover the costs of construction inspection, certification "as-built" drawings:

Residential:

Single family unit:

Hookup to existing lateral and repairs	\$150.00
Hookup to new lateral	\$300.00
Hookup to existing gravity main	\$300.00
Inside grinder pump hookup	\$300.00
Outside grinder pump hookup	\$500.00

Two or more family units (fee is for each lateral):

Hookup to existing lateral	\$300.00
New lateral connection	\$500.00
Hookup to existing gravity main	\$500.00
Inside grinder pump hookup	\$300.00
Outside grinder pump hookup	\$500.00

Grease trap permit: \$600.00

Non-residential connections \$600.00

Change in occupancy \$700.00

Residential and Non Residential Developments:

All connections require a permit. Fee to be based on contractor's time estimate in days, times \$720.00/day (\$90.00 per hour). One (1) day equals eight (8) hours of inspection straight time. Total inspection fee will be the number of days/hours of inspection time including the preparation of as-built plans. Any worked performed over 8 hours in one (1) day shall be subject to a 1.5x multiplier.

ALL PROJECTS: Fees other than those described above may be assessed by the District for projects with a high level of complexity.

Sewer District Charges

Septage: \$35.00 per 1,000 gallons based on truck capacity for inside the District.

\$60.00 per 1,000 gallons based on truck capacity for outside the District.

Not accepted from outside Saratoga County

Sludge: Private and Municipal

\$42.00 per 1,000 gallons based on truck capacity for inside the District.

\$67.00 per 1,000 gallons based on truck capacity for outside the District.

Not accepted from outside Saratoga County

Quality Assurance Program

Review Fee: \$25.00 per unit calculated by scale of charges or design flows, if greater.

\$75.00 for a grease trap installation in an existing building.

Review fees other than those described above may be assessed by the District for projects with difficult site or water conditions or on projects of unusually high complexity or extensive off-site improvements. Additional fees will apply for projects requiring technical assistance in the review process.

All fees should be made payable to Saratoga County Sewer District No. 1.



Saratoga County Sewer District #1
Post Office Box 550
Mechanicville, New York 12118
518-664-7396
Fax 518-664-6280

GREASE DISPOSAL PERMIT NO. GR-

In accordance with the provisions of the Sewer Use Ordinance, County of Saratoga
Local Law No. 3:

Facility Name:

Location/Address:

Mailing Address:

Manager:

Phone:

Fax:

Email:

is hereby authorized to have commercially generated grease trap waste hauled from the place of business named above by a registered hauler to the septage pit at the Saratoga County Sewer District #1 treatment facility. Discharge to any location other than the treatment plant is prohibited.

The waste hauler will be required to record this permit number on his shipping manifest. If this number is not recorded the grease trap waste will be refused.

Waste haulers will be required to follow all the requirements of their hauler's permit when hauling grease trap waste.

Authorization is granted to discharge commercially generated grease trap waste to the Saratoga County Sewer District #1 approved location, in accordance with the conditions set forth in this permit.

1. Compliance with this permit does not relieve the permittee of his/her obligation to comply with any or all applicable pretreatment regulations, standards or requirements under federal, state or local laws, including any such regulations, standards, requirements or laws that may become effective during the term of this permit.
2. Non-compliance with any term or condition of this permit shall constitute a violation of the Saratoga County Sewer Use Ordinance, Local Law No. 3.

This permit shall become effective upon authorization by Saratoga County Sewer District #1, and shall expire at midnight, 12/31/19.

As a condition of this permit the Saratoga County Sewer District #1 reserves the right to inform permittee of when during the month the permittee may discharge grease trap waste.

Available time will be by the third week, on any one day - Monday through Friday - as follows:

Example: GR-000-3

GR = Grease Trap

000 = Permit Number

3 = Third week of each month beginning with the first Monday of the month

If the Permittee wishes to continue to discharge after the expiration date of this permit, notification must be made to the Sewer District in accordance with the requirements of the Sewer Use Ordinance, a minimum of thirty (30) days prior to the expiration date.

If the permittee wishes to appeal or challenge any conditions imposed on this permit, a petition shall be filed for modification or reissuance of this permit in accordance with the requirements of the Sewer Use Ordinance, within thirty (30) days of receipt of this correspondence. Failure to petition for reconsideration of the permit within the allotted time is deemed a waiver by the permittee of his/her right to challenge the terms of this permit.

Officer name/title (please print)

Officer Signature

Date:_____

SARATOGA COUNTY SEWER DISTRICT #1

Dan Rourke, P.E.
Executive Director

Date of issue:_____

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C:Forms:GRPERMIT