



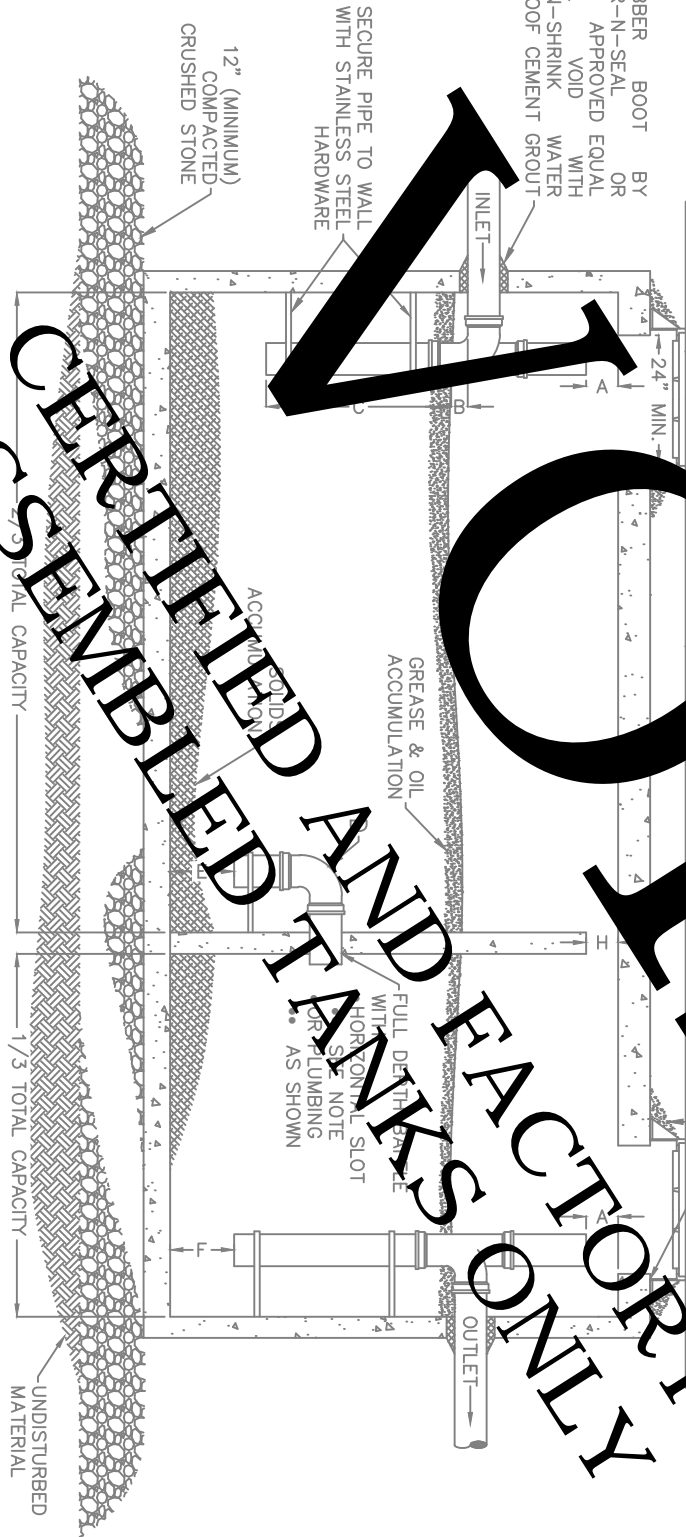
SARATOGA COUNTY SEWER DISTRICT #1 REQUIREMENTS FOR GREASE INTERCEPTOR PERMIT APPLICATION

- All information on the Grease Interceptor Permit Application shall be completed.
- Interior Plumbing plans, Fixture plans and Fixture Schedule shall be submitted for review and approval of SCSD #1.
- Design calculations for sizing hydromechanical grease interceptor(s) using fixture capacity (per Uniform Plumbing Code) and days between pump-outs/cleanings (per ASPE Plumbing Engineering Design Handbook) 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.
 - Fixture Schedule and 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

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

- 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 IN CONFLICT WITH MANUFACTURER'S INSTRUCTIONS, INSTALL 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



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: _____

Responsible Party for Grease Interceptor Maintenance:

Name: _____

Phone Number: _____

Email: _____

Must Notify SCSD #1 upon any changes to Responsible Party Information

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.

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.

**Mail complete permit application along with cash or check to, P.O. Box 550
Mechanicville, NY 12118. Or submit your application and payment in person at, 1002
Hudson River Road Mechanicville, NY 12118.**

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)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy (ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Producer	Contact Name:	
	Phone (A/C, No, Ext):	Fax (A/C, No):
	E-Mail Address:	
	Insurer(s) Affording Coverage	NAIC #
Insured	Insurer A:	
	Insurer B:	
	Insurer C:	
	Insurer D:	
	Insurer E:	
	Insurer F:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	Policy EFF (MM/DD/YYYY)	Policy EXP (MM/DD/YYYY)	LIMITS
	Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	<input checked="" type="checkbox"/>					EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ Personal & ADV Injury \$1,000,000 General Aggregate \$2,000,000 Products - COMP/OP AGG \$
	AUTOMOTIVE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED ONLY						Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> Claims Made DED <input type="checkbox"/> Retention \$						Each Occurrence Aggregate \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Any Proprietor/Partner/Executive Officer/Member Excluded? <input type="checkbox"/> Y / N (Mandatory in NH) If Yes, describe under Description of Operations below						___ Per Statute / ___ Other E.L. Each Accident \$ E.L. Disease -EA Employee \$ E.L. Disease - Policy Limit \$
	Leased / Rented						\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Acord 101, Additional Remarks Schedule, may be attached if more space is required)

*******County of Saratoga is to be named as additional insured*******

CERTIFICATE HOLDER **** County of Saratoga 40 McMaster Street Ballston Spa, NY 12020	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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******HIGHLIGHTED AREAS MUST BE COMPLETED PER EXAMPLES******