Environmental Health 107 Nott Terrace, Suite 300 Schenectady, New York 12308-3170 Phone: (518) 386-2818 Fax: (518) 386-2822

Keith M. Brown, MPH Interim Public Health Director Jennifer M. Priebe, M.S. Director of Environmental Health

## ORDER OF PROCEDURE FOR COMMERCIAL SEWAGE DISPOSAL DESIGN

## PLEASE READ ENTIRELY

- 1. Visit Town Building Inspector to acquire necessary paperwork, local regulations, and zoning approvals.
- 2. Contact Schenectady County Environmental Health Unit (386-2818), to schedule perc test appointment with Design Professional. Complete and submit Percolation Test and Soil Boring Request form.
- 3. Fill out Commercial Sewage Disposal Plan Review Application attached.
- 4. Deliver 5 copies of Professionally Designed plans (SEWAGE DISPOSAL SYSTEM ONLY) with Application and \$250.00 fee to Environmental Health Unit. Make checks payable to SCHENECTADY COUNTY. (Approved SEWAGE DISPOSAL plans will be forwarded directly to PE, Town Building Inspector, Contractor, Owner). DO NOT SUBMIT 5 COPIES OF RESTAURANT FLOOR PLANS.
- 5. During construction, contact your Design Professional AND County Inspector for required inspections as specified on Permit and Approval Letter.
- 6. Call your Design Professional and the County Inspector when changes or problems occur during construction. Failure to comply with approved plans can result in legal action against the property owner.
- 7. Within 15 days of system completion, the Design Professional must forward the PE Inspection Form/As Built Form to the County Environmental Health Unit. An incomplete form will delay County Certification of the system as well as Town Certificate of Occupancy issuance.
- 8. Do not place the system in use until a Certificate of Approval or a Certificate of Completion has been issued by the County Environmental Health Unit. System use prior to all approvals can result in legal action against the property owner.

## SCHENECTADY COUNTY PUBLIC HEALTH SERVICES

ENVIRONMENTAL HEALTH UNIT

## APPLICATION FOR COMMERCIAL SEWAGE DISPOSAL SYSTEM PLAN REVIEW

The following information is furnished in conjunction with this application to construct a Sewage Disposal System in compliance with Appendix 75-A, the Schenectady County Sanitary Code and applicable DEC and EPA standards.

OWNER NAME:	TAX MAP #:	-
OWNER PHONE: (DAYS)	FACILITY TYPE	
PARCEL STREET ADDRESS:		
TOWN:	PARCEL SIZE:	
TYPE OF WATER SUPPLY:		
DETAILED DIRECTIONS TO SITE:		
ENGINEER NAME:	PHONE:	
ENGINEER ADDRESS:		
this application. Please make the check o and 5 copies of Professional Engineer I	Health Department plan review and system inspection must be money order payable to <u>Schenectady County</u> . Send appellans to Schenectady County Public Health Services, Env. D, Schenectady, NY 12308. Do <u>not</u> send 5 copies of restard AM – 5:00 PM Monday through Friday.	lication, fee vironmental
No construction shall commence until pla System has been issued.	ans have been approved and a Permit to Construct a Sewa	ge Disposal
DATE:OWN	NER SIGNATURE:	
CURRENT MAILING ADDRESS:		
FOR OFFICIAL USE ONLY		
FEE RECEIVED: \$	RECEIPT#:	
DATE RECEIVED:	Rec'd by:	