



CHAUTAUQUA COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH – ENVIRONMENTAL HEALTH UNIT

VINCENT W. HORRIGAN
County Executive

CHRISTINE SCHUYLER
Director of Health & Human Services
(Commissioner of Social Services/Public Health Director)

RE: Water-Sewage Survey Application

To Whom It May Concern:

Any party selling or offering for sale a residence which is not connected to a municipal water and/or sewer system should be aware of the Chautauqua County Department of Health and Human Services (CCDHHS) requirements for the input of their septic system and/or water supply. This water-sewage survey is mandatory effective January 1, 2010 for most property transfers as listed in the Chautauqua County Health District Sanitary Code, Article III. If a property is transferred in Chautauqua County without certification from CCDHHS, such transfer will be a violation of the County Sanitary Code by both the seller and the purchaser, for which each of them may be brought before the County Board of Health and which may subject each of them to imposition of a penalty of up to \$2,000, and that in addition all measures necessary to enable the system to pass inspection will be required.

To request a water-sewage survey, complete the attached application form and submit it with a check, made payable to the Chautauqua County Director of Finance, to this office. The form **must be** completed and signed by the homeowner or their legal representative, (i.e., attorney, executor, or power-of-attorney) before the survey is conducted. Applications signed by a realtor **will not** be processed and will be returned for the proper signature before the survey will be conducted. Inspection fees are as follows:

WATER (2 samples) & SEWAGE / WASTEWATER TREATMENT SYSTEM inspections- \$300.⁰⁰
WATER SUPPLY inspection only (2 samples) - \$150.⁰⁰
SEWAGE / WASTEWATER TREATMENT SYSTEM inspection only - \$150.⁰⁰

Please note that the onsite wastewater treatment system (OWTS) cannot be tested unless the dwelling has been occupied continuously for at least 30 days prior to, and 7 days following, the date of inspection. However, if the property is a seasonal use residence, the dwelling must be occupied for at least 6 days within the 60 days prior to the dye test inspection. Conditions such as snow cover may also delay inspection. **Three things that often lead to quicker approval are:**

- 1. The well / water supply meets CCDHHS standards as outlined on the attached sheet;** wells that do not meet these standards will not be approved.
- 2. All wastewater drain lines must be connected to the main house sewer and septic tank.** Any plumbing changes must be made at least 30 days before inspection.
- 3. Septic tanks, treatment units, and holding tanks must have been pumped out by a NYSDEC-licensed waste hauler within the last 3 years (from date the survey application was received by CCDHHS). Septic tanks, treatment units, and holding tanks must have been pumped out at least 30 days prior to a sewage / wastewater system inspection. A copy of the pump receipt should be submitted with the water sewage survey application.**

OR - Septic tanks, treatment units, and holding tanks may be pumped after CCDHHS preforms the dye test and the system passes inspection. **A copy of the pump receipt will need to be submitted to the Mayville office before CCDHHS will send an approval letter.**

The standard water-sewage survey involves inspecting the private water supply system which includes collecting a water sample for bacteriological analysis and dye testing and observing the sewage / wastewater treatment system.

- If water samples indicate unsatisfactory bacteriological quality that cannot be remedied by disinfection of the water supply system, a hypo-chlorinator or other acceptable means of disinfection will have to be installed or a new satisfactory source of water must be developed to obtain CCDHHS approval. **Well construction must also meet CCDHHS standards as outlined on the attached sheet.**
- If inadequately treated sewage / wastewater (laundry, sink, bath or septic tank wastewater) is discharging to the ground surface or into any body of water (i.e. creeks, streams, lakes, etc.) the wastewater treatment system will be considered in violation of the Chautauqua County Health District Sanitary Code. **CCDHHS requires sewage / wastewater discharge violations be corrected whether or not the property transfer takes place.**

As of 2014 more intense sewage / wastewater system inspections are required if a property, having a facility or any component of a wastewater treatment system located **250 FEET OR CLOSER TO A MAJOR SURFACE WATER BODY** (Bear Lake, Cassadaga Lake, Chautauqua Lake, Lake Erie, and Findley Lake), also meets any of the following criteria:

1. The facility's OWTS is unpermitted, or the OWTS is older than 30 years (from date the water-sewage survey application was received by CCDHHS).
2. The OWTS serving the facility is in significant non-compliance with Appendix 75-A Wastewater Treatment Standard – Individual Household Systems.

The more intense inspection will follow New York Onsite Wastewater Training Network, Inc. (OTN) standards and will require any and all septic tanks, treatment units, holding tanks, pump stations, distribution boxes and/or seepage pits be uncovered by the homeowner and observed by a Sanitarian. All septic tanks, treatment units or holding tanks will require pumping in the presence of a Sanitarian so volume and structural integrity may be evaluated. The filtration and/or absorption area must be evaluated by a Sanitarian using visual observation, dye testing and probing prior to approval of the wastewater treatment system. Chautauqua County Health District Sanitary Code requires any wastewater treatment system found in significant non-compliance to be upgraded to meet Appendix 75-A Wastewater Treatment Standards set forth in the New York State Sanitary Code.

Water-sewage surveys should be requested before any sales contracts or closing dates have been set. Water supply system deficiencies may require disinfection and possible installation of a disinfection system and/or upgrades to the well itself. If you are interested in water quality parameter other than bacteria, you may wish to contact a private certified laboratory. The need to correct a sewage violation may cause significant delays in approval due to the time necessary to select a reputable contractor, process an OWTS correction application, issue a permit, construct the system, and make a final inspection.

The two most common items that sellers / buyers are slow to address and frequently delay final approval by CCDHHS are:

1. Failing to replace old well caps with the required sanitary seal well caps.
2. Failing to have septic tanks, pump tanks, and holding tanks pumped in accordance with the three (3) year requirement or failing to supply CCDHHS with a copy of the pump receipt.

Water-sewage survey results are good for a period of 6 months from the date of the approval letter. The results of the survey are not to be construed as a guarantee or an approval of the physical facilities inasmuch as all OWTS components are not uncovered for inspection. Should you have any questions regarding this survey, contact the office at (716)753-4798. For additional information, please visit our website at <http://www.co.chautauqua.ny.us/557/Water-and-Sewage>.

WATER SEWAGE SURVEY REQUEST FORM

OFFICE USE	WSS# _____
	Date Rec'd _____
	Fee Rec'd _____
	Receipt # _____

PROPERTY INFORMATION:

Town: _____ Section: _____ Block: _____ Lot: _____

Street address: _____

Travel directions (*be specific*): _____

SELLER'S INFORMATION:

Owner: _____ Address: _____

Owner's Email: _____ Ph.#: _____

Owner's Attorney: _____ Ph.#: _____ Fax #: _____

Attorney's address: _____

Who is current occupant? _____ Since _____

Who should be contacted for appointment? _____ Ph.#: _____

Has dwelling been occupied continuously for the past 30 days? _____ # of occupants: _____

BUYER'S INFORMATION: (By completing this section you are authorizing that parties indicated below receive a copy of the survey results.)

Buyer's name: _____ Ph.#: _____

Buyer's attorney: _____ Ph.#: _____ Fax #: _____

Other parties entitled to receive a copy of survey results: _____

Please include any other pertinent information: _____

The CCDHHS - Environmental Health Unit is hereby authorized to enter named premises to inspect and evaluate the water supply and wastewater treatment systems and to map the location of the well, spring or intake. I understand that the water is tested for bacteria only, and not for other parameters which may be considered detrimental to water quality or health such as iron, sulfur, salt, lead or nitrates. I have not had the septic tank pumped for thirty days prior to this application or altered the wastewater system in any way. I understand that if the wastewater system is in violation, correction must be made even if the property is not transferred. I understand that a CCDHHS permit is required for any construction, corrections, or alterations to a wastewater treatment system. I authorize the information gathered from this survey to be released to any parties indicated above. I understand that CCDHHS Environmental Health Unit makes no guarantees with respect to the water supply or sewage/wastewater systems and that no special relationship is created by the County's performance of these tests. The information provided on this form is truthful and accurate to the best of my knowledge.

AUTHORIZING SIGNATURE

(must be OWNER, OWNER'S ATTORNEY, or EXECUTOR OF ESTATE)

RETURN COMPLETED FORM to the Mayville Office at:

Chautauqua County Department of Health & Human Services
Environmental Health Services
7 North Erie St.
Mayville, NY 14757

Phone: (716)753-4798

Fax: (716)753-4344

E-mail: cchealth@co.chautauqua.ny.us

Website: <http://ny-chautauquacounty.civicplus.com/243/Environmental-Health>

PLEASE COMPLETE THE ENTIRE FORM - INCOMPLETE APPLICATIONS WILL BE RETURNED.

*The more information you provide initially, the quicker CCDHHS will be able to process a request.
Lawyers should be discussing specifics with the seller when filling out the application.
 If the seller truly does not know information, please indicate with a (?) in that area.*

ADDITIONAL PROPERTY INFORMATION

Previous owner(s): _____

Was there an earlier water-sewage survey inspection? _____ When? _____

TYPE of DWELLING: House OR Mobile Home # of Bedrooms _____ # of Bathrooms _____

Seasonal OR Year around Basement / Crawlspace? _____

Is there... Washing machine hook-up Garbage disposal Dishwasher Hot tub /Spa

SEWAGE / WASTEWATER TREATMENT SYSTEM INFORMATION

When was system installed? _____

Who owned the property? _____

Chaut. Co. Permit #: _____ Number of tanks _____ Tank Sizes _____

Date tanks were last pumped _____ **Who pumped tanks?** _____

Proof of tank pumping within the last 3 years **must be submitted** before CCDHHS will issue a final approval letter. Was a pump receipt included with this application? YES NO (explain) _____

SYSTEM TYPE: Leach Lines Seepage Pit Sand Filter Tile in Fill Aeration/ETU

Has the gravel box or Zabel filter been cleaned? _____ When? _____

Date Aeration Unit / ETU was last serviced? _____ Serviced by? _____

Is Aeration Unit / ETU presently under a service contract? _____ Contracted company? _____

Are sump pumps, foundation drains, water softener backwash excluded from the system? (If no, explain) _____

Is there a failure or discharge of sewage/wastewater from the system? (If yes, explain) _____

ALL WASTE LINES MUST BE CONNECTED TO THE MAIN SEWER AND SEPTIC TANK. ANY PLUMBING CHANGES MUST BE COMPLETED THIRTY (30) DAYS PRIOR TO THE INSPECTION.

WATER SUPPLY INFORMATION

SOURCE: Public or Private **WELL TYPE:** Drilled Driven Dug Buried

Well depth _____ Approximate age of well _____ Other (Spring, pond, lake) _____

TREATMENT: None Chlorinator Ultraviolet Light Softener Other _____

Is there a filter? Sediment Filter Activated Carbon Filter Filter Size? _____

Date the well was last disinfected _____ Has well ever been tested? _____

Distance from septic tank/aeration unit _____

Distance from leach field/sand filter/seepage pit _____

CCDHHS Drinking Water Well Construction Standards for Property Transfers

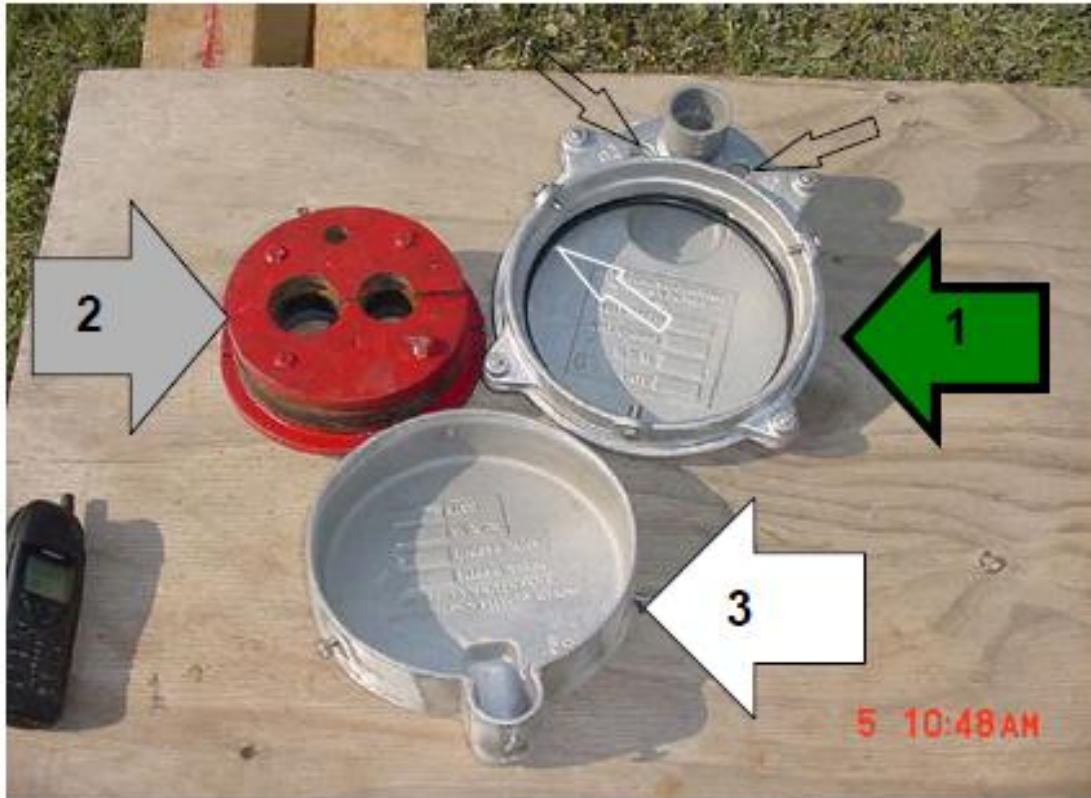
In order to be approved during a property transfer in which a water-sewage survey is required, all drinking water wells must be constructed to meet the following CCDHHS standards. CCDHHS Environmental Health staff will NOT collect a water sample if the well does not meet these standards.

- 1) Casing for existing drilled wells must extend above ground far enough to protect the well from runoff contamination (minimum 6" for wells with good drainage around them) and it must be fitted with an approved watertight well cap (refer to #6). Well extensions must be made using the same material as the original casing. Steel well casing must be welded together, Fernco couplers are not allowed.
- 2) All wells that are in pits must be extended above ground 18".
 - a. The floor and/or walls of pits must allow water to drain before they are backfilled. Pit walls should be eliminated if at all possible.
 - b. Material used to backfill depressions and pits must consist of low permeability soil such as grey or brown silt/clay. Topsoil or washed stone must not be used (topsoil can be used to cap the top 2-4" only to grow grass). Sand and gravel can only be used if it is mixed with silt/clay to reduce its permeability.
 - c. Electric wires must enter the well through conduit that is threaded into the well cap, not through the side of the well casing.
 - d. **The well must be disinfected twice over a two week period** following the improvements before a sample can be collected.
- 3) Buried Wellheads - An initial water sample will be collected to assess water quality. Depending on individual circumstances, the well may be approved if the sample passes. If the sample fails then the well must be located, uncovered and the casing extended above ground 18".
- 4) The ground surface around well heads must be mounded and sloped away from the well. There can be no standing water or depressions around a well head.
- 5) Shrubs, bushes, gardens and trees should not be planted around well heads.
- 6) All wells must have an approved watertight well cap; these "sanitary seal" well caps can be purchased locally from IRR Supply in Jamestown and Fredonia or from local drillers. See the attached description page for an explanation of the different types of well caps. Split type caps are allowed in limited situations (e.g. wells in basements).
- 7) Electric wires that lead to a submersible pump must be enclosed in conduit that is threaded into the well cap having a watertight connection. If electric wires enter through a hole in the side of the casing, it must be enclosed in conduit having a watertight seal where it enters the casing.
- 8) Small Diameter (1½ to 2 inch) driven wells pose unique circumstances and will be evaluated on a case by case basis.
- 9) Shallow Dug Wells do not meet Health District standards unless they have appropriate treatment. At a minimum they require disinfection and may also require particle filtration. These will be evaluated on a case-by-case basis.

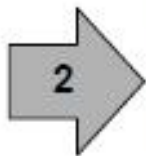
Contact CCDHHS Water Staff at 753-4481 if you have any questions.

Revised 2/2017

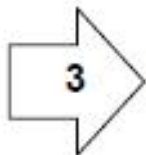
Typical examples of small diameter Well Caps observed in field situations



Proper cap – This cap is provided with the required *sanitary seal* (see rubber gasket noted by small white outlined arrow) and down-facing, screened well vent(s) (noted above by small black outlined arrows). The screen should be 24-mesh, structurally sound, corrosion-resistant and hydraulically efficient. This cap or similar is required for all new wells and as a replacement cap. All attachments (e.g. conduit) must be sealed and in good condition to prevent insect or other intrusion.



Split cap (no new construction) – Formerly used indoors or in other special situations with additional provisions. Must have additional cover (additional cap or within enclosure – protected from elements) – and down facing well vent with screen. These caps are subject to additional problems and should be replaced with newer models indicated above. These will not be allowed in new construction according to Appendix 5-B standards.



Improper cap – Very common and least expensive – not allowed in regulated systems. These should be replaced even if no observed problems are noted.

NYSDOH standards may prevent use of certain caps in new and/or existing situations. Check with Health Department for acceptable caps before installation or replacement.