



Chautauqua County Health Department Water Sewage Survey Application

Environmental Health Division (716) 753-4798
Property Transfer Inspection Request Form

To Whom It May Concern:

No person shall transfer to any other person, nor accept from any other person, the transfer of the title to any property, unless and until the Public Health Director shall have examined and issued certification for any individual water supply and individual wastewater treatment system serving such property. The operation of this section shall not be applicable to the following:

- Transfers in a tax foreclosure action, and transfers to a bank in connection with a bank foreclosure;
- Transfers in connection with a partition action under Article 9 of the Real Property Actions and Proceedings Law;
- Transfers by operation of law, such as intestate or testamentary succession;
- Transfer of owner-occupied single family residences between members of an immediate family. Immediate family members include spouses, and also include children, parents, siblings, and their spouses. This exemption does not apply in cases where a real property transfer inspection is requested by a lending agency;
- Transfers made to a former spouse as part of a divorce proceeding; and
- Transfers of undeveloped properties with no facilities for water service, sewage disposal or wastewater disposal.

If a property is transferred in Chautauqua County without certification from CCHD, such transfer will be a violation of the Sanitary Code by both the seller and the purchaser, for which each party may be brought before the County Board of Health which may subject each party to imposition of a penalty of up to \$2,000. Additionally, all measures or corrections necessary to enable a failed system to pass inspection will be required.

WATER SUPPLY (2 samples) & SEWAGE / WASTEWATER TREATMENT SYSTEM inspections	\$350
WATER SUPPLY ONLY inspection (2 samples)	\$175
SEWAGE / WASTEWATER TREATMENT SYSTEM ONLY inspection	\$175

Any violations observed in either a standard WSS or an OTN inspection will need to be addressed and corrected before CCHD approval will be issued. If inadequately treated sewage / wastewater (laundry, sink, bath, septic tank effluent, etc.) is discharging to the ground surface or into any body of water (creeks, streams, lakes, etc.) the wastewater system will be considered in violation of the Chautauqua County Health District Sanitary Code. **Sewage / wastewater discharge violations must be corrected whether or not the property transfer takes place.**

Common issues that can delay standard WSS inspections and approval are:

- 1. Occupancy:** Wastewater treatment systems can only be evaluated when the dwelling has been occupied continuously for at least 30 days prior to, and 7 days following, the date of inspection. If the property is a seasonal use residence, the dwelling must be occupied at least 6 days within the 60 days prior to the dye test / inspection.
- 2. Weather:** Freezing temperatures and snow cover delay wastewater treatment system inspections. No dye tests are performed December 15 to April 1 of each year. Please plan accordingly.
- 3. All wastewater drain lines (laundry, utility sinks, etc.) must be connected to the main sewer and septic tank.** Plumbing changes must be made at least 30 days before inspection.



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

SECTION A: Parcel Information

Physical Address: _____
Town: _____ Tax Map Number (SBL): _____
Number of Wells (in use) _____ Number of Wastewater Treatments Systems (in use) _____
Year Round ☐ Seasonal ☐ Occupied ☐ Yes ☐ No Commercial Use ☐ No. of employees? _____
Additional Comments: _____

SECTION B: Seller/Owner Information

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____ Phone: _____
Attorney: _____ Attorney Fax: _____
Attorney Email: _____ Phone: _____

SECTION C: Purchaser Information

Name: _____ Phone: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____
Attorney: _____ Attorney Fax: _____
Attorney Email: _____ Attorney Phone: _____

☐ Check Here if a purchase agreement has NOT been signed at the time of application submission

SECTION D: Contact Person for Inspections (a person must be present for inspections)

Name: _____
Email: _____
Daytime Phone: _____

SECTION E: Additional Copies of Correspondence (email only)

Name/Company: _____ Name/Company: _____
Email: _____ Email: _____

SECTION F: Dwelling Information

Number of Bedrooms: _____ Washing Machine Hookup _____
Basement ☐ Crawlspace ☐ No access under dwelling/facility to verify plumbing ☐



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SECTION G: Sewage/Wastewater Treatment System Information Public/Municipal ☐ Private ☐

PLEASE NOTE: If there is **NO** record of the system **OR** the system record is **OVER 30** years old, **ALL** the system components must be uncovered for inspection by the Chautauqua County Environmental Health Division and must be coordinated with a septic pumper onsite for the inspection.

Is there a permitted wastewater treatment system? (Permit # if known) _____

Pump Receipt included with this application? YES ☐ NO ☐

Number & Size of Septic Tank(s) _____ Gravel Box? YES ☐ NO ☐

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

ANY / ALL WASTEWATER LINES (utility sinks, laundry discharge, etc.) must be connected to the main septic line and septic tank. **PLUMBING CHANGES must be completed at least 30 DAYS PRIOR TO INSPECTION.**

Water Softener discharge is recommended to be excluded from the septic tank.

AERATION/ETU Treatment Units must have a current service contract in place, if there is not one in place, one must be obtained before an approval letter will be issued

Last Aeration/ETU service date _____ Company _____

SECTION H: Water Supply Information Public/Municipal ☐ Private ☐

If well construction does not meet NYS standards (see attached sheet) a sample will NOT be collected until corrections are completed. If you are unsure submit a photo of the well casing to ehu@chqgov.com

WELL TYPE: Drilled ☐ Driven ☐ Dug ☐ Buried ☐ Other Source (pond, spring, lake) ☐

Is well located on property being sold? YES ☐ NO ☐ Serve more than (1) dwelling/facility? YES ☐ NO ☐

Do ALL well casings have a sanitary seal cap? YES ☐ NO ☐

TREATMENT: None ☐ Chlorinator ☐ Ultraviolet Light ☐ Softener ☐ Other ☐ _____

Filtration: Sediment Filter ☐ Activated Carbon Filter ☐ Filter Size _____

SECTION I: Fee Determination

Number of wells (in use) _____ x \$175 = _____

Number of Wastewater
Treatment Systems _____ x \$175 = _____

Total: _____

Mail to:

Chautauqua County Health Department
Attn: Environmental Health Division
7 N Erie St
Mayville, NY 14757

Credit Card Transaction Slip Enclosed -or-

Make Check/Money Order Payable to:
Chautauqua County Director of Finance

Email to: ehu@chqgov.com

SECTION J: Authorization & Signature

I hereby authorize the Chautauqua County Health Department to enter the premises to inspect and evaluate the water supply and wastewater treatment system(s) for the parcel transfer. I acknowledge that the CCHD makes no guarantees with respect to the existing systems and the owner may be held responsible for any corrections of these system found during the inspections.

Signature (Owner, Attorney, Executor of Estate)

Print Name

Date



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INSTRUCTIONS FOR COMPLETING THE APPLICATION

Please complete ALL sections of this application and attach the requested documentation if available. Submitting an incomplete application may delay your inspections.

NOTE: Payment for the Water and Sewage Survey Inspections must be made in FULL at the time of application. If payment is NOT received with your application, or you submit the incorrect amount with your application, it will not be processed until full payment is received.

If you have any questions on how to complete this application or the process, please contact our office at (716) 753-4798.

SECTION A: Parcel Information

Use this section to enter the location information of the parcel being transferred. Please indicate the number of wells and the number of wastewater treatment systems and check mark the occupancy use of the parcel being sold.

SECTION B: Seller/Owner Information

Use this section to enter all owner contact information in the spaces provided. Please include an email address when at all possible, as this is our preferred method of transmission.

SECTION B: Purchaser Information

Use this section to provide the purchaser's contact information. Please provide an email address if at all possible, as this is our preferred method of transmission.

If you do NOT have a signed purchase agreement at the time of application, please select the appropriate box.

SECTION D: Contact Person for Inspections

Use this section to identify the person we should contact to schedule the inspections.

NOTE: A responsible adult (18 yrs old or older) must be present for the entire inspection for liability reasons. If you cannot be present for the inspection, please list your real estate agent or another responsible adult that can be present for these inspections.

SECTION E: Additional Copies of Correspondence (for email distribution only)

Use this section to indicate any additional parties involved (ex. Attorneys, realtors, officers, etc.) with the sale who will need copies of the inspection report.

You must provide an email address for each additional party. If no email is provided, no report will be sent.

SECTION F: Dwelling Information

Use this section to answer specific questions pertaining to your house by selecting the appropriate boxes indicated.

SECTION G: Sewage/Wastewater Treatment System Information

Use this section to provide information on the wastewater treatment system serving the dwelling being transferred. Please answer all questions to best of your ability.

If NO information is known about the existing treatment system OR the existing system is over 30 years old, ALL system components will need to be located and the lids excavated prior the Chautauqua County Environmental Health Department's arrival for the inspection and a septic pumper will need to be coordinated to be onsite for this inspection.

SECTION H: Water Supply Information

Use this section to provide information on the water source(s) serving the dwelling/facility being transferred.

NOTE: If the existing well does not meet current NYS standard, corrections will need to be made prior to a water sample being taken.

SECTION I: Fee Determination

Use this section to determine what your fee total will be for the inspections needed for the parcel being transferred.

NOTE: The inspection fee for the water well includes (2) samples. If additional samples are necessary, an additional fee will be imposed separately.

SECTION J: Authorization & Signature

Sign and date your application in this section.

This application can be signed by owner, owner's spouse or a representative of the owner (ex. Attorney, power of attorney or executor of estate). Applications will NOT be processed unless the appropriate signature is included.

WHAT HAPPENS NEXT

- 1) Once your completed application with payment is received, please allow at least 5 days for processing.
- 2) A representative from the Health Department will contact the person identified in Section D to schedule the inspections.
- 3) Depending on the season and the availability of Sanitarians, the wait times for an appointment may vary considerably.
- 4) If issues are identified with your water and/or wastewater treatment systems during the inspections, corrections may be required.
- 5) Written results may take up to an additional 1-2 weeks, after all outstanding issues have been resolved. Once completed, Inspection results are valid for 6 months.

We strongly recommend that you apply for your property transfer inspections at least 30 days in advance to avoid delays/complications with your parcel transfer.

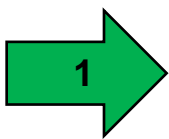
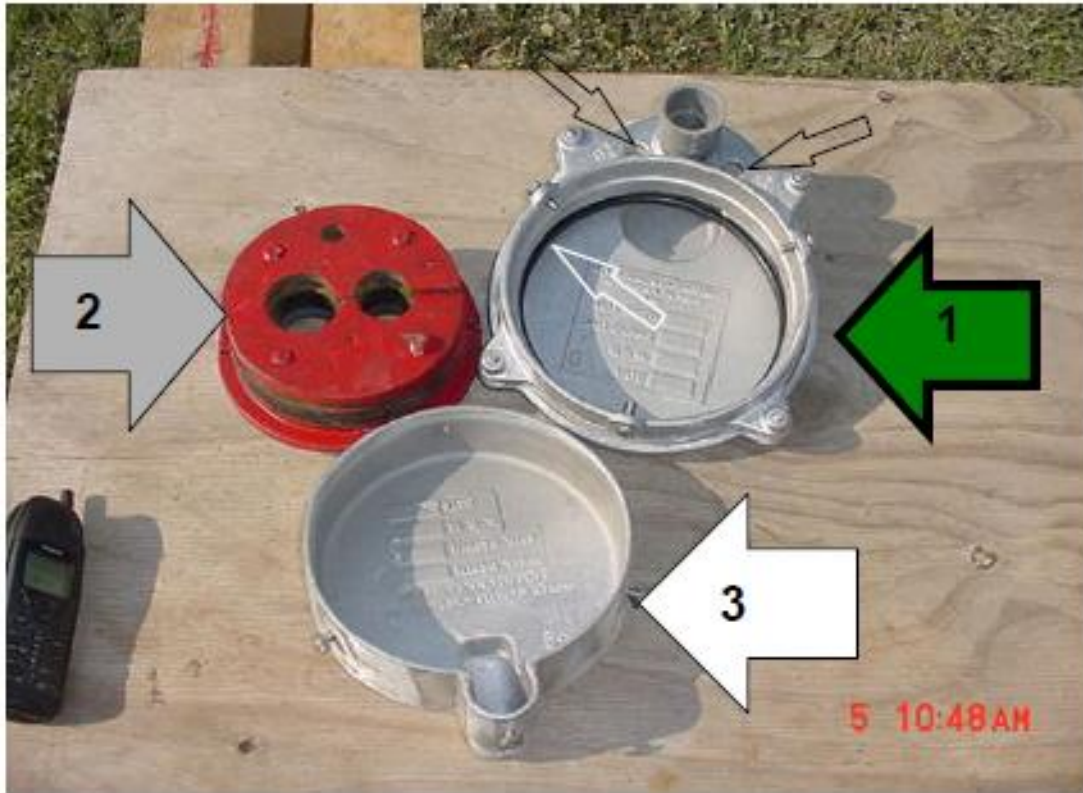
CCHD Drinking Water Well Construction Standards for Property Transfers

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 CCHD standards. CCHD Environmental Health staff will NOT collect a water sample if the well does not meet these standards.

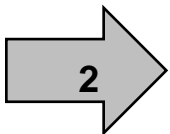
- 1) Casing for existing drilled wells must extend above ground far enough to protect the well from runoff contamination (minimum 6" for wells with good drainage around them) and it must be fitted with an approved watertight well cap (refer to #6). Well extensions must be made using the same material 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, from local drillers, or online if you know the well casing size. 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 particle filtration and permanent disinfection. These will be evaluated on a case-by-case basis.

If permanent disinfection is installed, construction must meet the standards described in Chautauqua County permanent disinfection system requirement worksheets, available online or upon request. Contact CCHD Water Staff at 716-753-4481 if you have any questions.

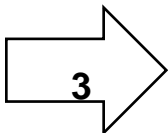
Typical Examples of Small Diameter Well Caps



Proper cap “Sanitary Seal 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 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 must 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.

CREDIT/DEBIT CARD TRANSACTION SLIP

Transaction Date: _____

Business Name: _____

Business City & State: _____

Client Name: _____

Client Address: _____

Client Phone #: _____

MC/Visa/Discover: _____

Cardholder #: _____

Expiration Date: _____ Security Code: _____

Cardholder Name: _____

Cardholder Signature: _____

Total Amount of Sale = Fee & 2.5% Transaction Fee: _____