SOUTH & CENTER CHAUTAUQUA LAKE SEWER DISTRICTS

PO BOX 458 CELORON, NEW YORK 14720-0458 (716) 664-9727 FAX (716) 664-9729

PAUL M. WENDEL, JR County Executive

THOMAS M. WALSH





ADMINISTRATIVE BOARD

Karen Rine Chair

Pierre Chagnon William Chandler Tom Erlandson Andrea McLean William Ortman Robert Yates

June 5, 2023

RE: Sewer Lateral Connection Notice

Dear Westside Sewer Extension Phase I Customer,

The South Chautauqua Lake Sewer District would like to thank you for your patience as we went through a large construction project that directly affected you and your neighborhood. The District is pleased to announce that the construction is complete and we are inviting the Westside Sewer Extension Phase I residents to make the connection to your grinder pumping station.

According to Chautauqua County Local Law 6-94, residents have 6 months to connect from the date of this letter. Enclosed you will find a list of local contractors that have performed work in the South & Center Chautauqua Lake Sewer Districts (SCCLSD). You are not required to hire a contractor from the list, it is only intended to assist you in your search for a contractor. Any contractor can legally attempt this work, provided they comply with all State and County laws and regulations, including insurance requirements.

Also enclosed are two permits, one from the SCCLSD for the sewer lateral connection and one from the Chautauqua County Health Department regarding the decommissioning of your septic tank. Please take a moment to read the information and it is imperative that the SCCLSD lateral permit is submitted to the Sewer Districts prior to any sewer lateral excavation.

The Chautauqua County Legislators have set the user rate for the Westside Sewer Extension at \$930 dollars a year, per EDU. All Westside Phase I customers will receive their first quarterly bill of \$232.50 per EDU in late November 2023. Please contact the Sewer District Office if you have not received a bill by December 1, 2023.

Thank you again for your patience & cooperation. If there are any questions, please feel free to contact me via email or phone. Walsht@chqgov.com

Sincerely

Thomas Walsh

Director of SCCLSD

cc: File

Board

CONTRACTOR LIST

NAME	PHONE
Chautauqua Hydroseeding	(716) 386-7394
Circle Mechanical	(716) 664-2580
Gary Lucas	(716) 763-4071
Gregory J Lepley	(716) 763-2253
Husky Enterprises	(716) 499-6877
JMI Heating & Air Systems Inc	(716) 488-8275
Jenkins Plumbing & Excavating	(716) 782-2225
Kingsview Construction	(716) 763-0069
Lake Shore Paving Inc	(716) 664-4400
L W Parker Enterprises	(716) 753-2300
N Mathews Enterprises Inc	(716) 581-1705
Phil Baker Construction	(716) 488-0959
Roger Valliancourt	(716) 450-2169
Rock of WNY	(716) 753-6611
S. Tabone Paving & Sealcoating	(716) 672-6633
Smith Brothers Plumbing	(716) 569-4168
St. George Enterprises	(716) 672-2488
Stone Plumbing Company LLC	(716) 397-7860
TJ's Plumbing & Heating Inc	(716) 488-0066

^{*} You are not required to hire a contractor from this list. This is only intended to assist you in choosing a contractor. Any contractor can legally attempt this work, provided they comply with all State and County laws and regulations, including insurance requirements.

Please allow 24 hours' notice for inspections 664-9727

	FOR DIS	STRICT USE ONLY	PERMIT NUMBER	20		
			EP / CAP / MHCAP	ACCT#:		
	SEWER	R TYPE: GRAVITY	/ VACUUM / GRINDER	WO#: _		
	SEWER	REXTENSION: PR	IVATE / PUBLIC	PROP CODE: _		
S	OUTH AND CE	ENTER CHAUTAL	IQUA LAKE SEWER DIST	RICTS BUILDING SEV	VER PERMIT APPLIC	CATION
l, th	e undersigned,	(Owner's N	ame)	being the owner o	of the property located	at
		(0				
	(Number)		Street)	do hereby r	request a permit to (cir	cle one):
Inst	all / Repair / Cap	o a building sewer	hat connects the		at said location, c	described as
			in the Tov	wn/Village of		
	(Section)	(Block)	(Lot)	•		
1.	The name and a	address of the perso	n or firm who will perform the p	proposed work is		
Lis	st all subcontract	ors that will be perfo	rming work and the type of wo	rk		
	Three Insurance	e Forms Required fo	r a Permit for Each Contractor	Performing Work:		
	Addition specifica 2. EITHER	al insured and subro ally as additional insu Form 105.2 OR For	m 26.3 Verifying Worker's Cor	d for all 3 policies and Champensation Coverage.		
			Form DB155 Verifying NYS Dions must be listed as: Char		Street, Mayville, NY 1	4757-1007.
	The policy date	es must be on <u>all tl</u>	nree forms and must be curr	ent.	-	
			e work and will not utilize me			
			ill be performed on must be su ove requested forms.	ibmitted with the permit ap	oplication snowing a limi	t of liability of
	αι Ισασί φοσο,σι	oo iii piaoo oi iiio ab	ovo roquootou ronno.			
2.	Plans and speci SCHEMATIC D		osed building sewer are attacl	ned hereto. ALL PERMIT	S MUST BE ACCOMPA	ANIED BY A
3.	a fee of: Fifty D or reasonably ex	ollars (\$50) for one oxpected to produce i	nection must be signed by the or two family residential structund ndustrial wastes [Note: A discl]; and One Hundred Dollars (\$	ures; One Hundred Fifty Denarge permit may also be	ollars (\$150) for properti required under Article 10	ies producing 0 of
4.	4. Once the building lateral sewer installation has been installed, tested and inspected and approved by the Districts, the owner will be placed on the Districts' billing rolls on the next quarterly billing cycle and shall be billed in accordance with the current scale charges. Note: District inspections are for the benefit of the County and not for the benefit of the homeowner or any other individual or entity. The Districts make no guarantees or warrantees with respect to inspected components or areas and not special relationship is created by the Districts' inspection or approval.					
Date:			Signed: _			
			•	(Applicant)		
Addre	ess:		Print Nan	ne:		
Applic	ation approved a		a period of 90 days (180 days a County Local Law 6-94 and			n
Appro	oved Date:		Signed:			
			Director - South ar	nd Center Chautauqua Lak	ce Sewer Districts	-

NOTE: Inspectors are not available Federal holidays, weekends or after 2:30 PM weekdays. Exceptions can be made with prior consent of the Director. The excavation may not be backfilled until the inspection has been completed.

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Listed below are several common requirements that must be met when installing or repairing sewer laterals.

This list is <u>not</u> all inclusive. There may be other requirements that must be met depending upon the specific installation. It is the responsibility of the permit signatory to ensure compliance with all requirements of Chautauqua County Local Law 6-94.

- All pipe shall be minimum 4" diameter PVC, Schedule 40, SDR-21 or SDR-35 (Note: SDR-35 is not acceptable for vacuum sewer laterals)
- All laterals shall be laid at a minimum slope of ¼" per foot
- All laterals shall be installed with a minimum depth of cover of 48"
- When laterals are to be installed parallel to a foundation wall, a minimum distance of 36" shall be maintained
- A cleanout shall be installed just inside or just outside the building with a wye fitting in the direction of flow and shall be brought to final grade and appropriately capped, if installed outside
- Additional cleanouts shall be installed at a minimum of every ninety (90) feet along the lateral with a wye fitting in the direction of flow and shall be brought to final grade and appropriately capped
- No 90-degree fittings shall be permitted, if a 90-degree bend is required, it shall be made using two 45-degree fittings with a minimum of 6" of pipe between fittings
- All pipe shall be bedded with a minimum of 6" of pea gravel on all four sides (Note: do not place pea gravel on top
 of pipe until inspection has been completed)
- All laterals shall be subject to a hydrostatic or air pressure leak test; The installer is responsible for plugging each end of the lateral and filling the pipe with water or air; The water level in the stand pipe shall drop no more than ½" in twenty (20) minutes; The air pressure shall drop no more than 1 psi in 3 ½ minutes
- All laterals shall be inspected by a Sewer District inspector prior to being backfilled

The undersigned acknowledge:	s that he/she has	read the above	requirements a	and understands	that additional
requirements may need to be n	net, according to C	Chautauqua Co	unty Local Law	6-94	

Signed:		Date:	
	(Applicant)		

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CHAUTAUQUA COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

PAUL M. WENDEL, JR. County Executive

MICHAEL FAULK, M.D. *Interim Public Health Director*

To Whom It May Concern:

This mailing is intended for property owners within the Phase I SCCLSD sewer expansion in the Town of North Harmony. As you plan for connection to the municipal sewer, please be aware that the onsite wastewater treatment system (OWTS) must be abandoned in a manner acceptable to the Public Health Director following connection to the municipal sewer.

All septic tanks, holding tanks, wet wells, dry wells, seepage pits, and treatment tanks must be pumped by a NYSDEC-licensed waste hauler. These components must then be removed or left in place and crushed / filled to ground surface with a material that will not "rot down" or otherwise leave gaps which would allow the tank to collapse at a later date. If tanks are left in placed and crushed, the bottom should be punctured to allow drainage. Motors such as those found in aeration units and wet wells should be removed prior to crushing / filling the components. Absorbtion bed materials including individual lines and distribution boxes may remain in place.

In an effort to reduce the number of times inspectors must visit your property, the Health Department is requesting that each property owner complete this form to confirm that the appropriate measures have been taken to decommission and abandon OWTS components. A copy of the detailed pumping receipt, including the number of tanks and their respective volumes, must accompany this form.

Property address:	_			
Owner name:	name: Contact #:			
Owner email:				
Type of tank serving OWTS (check all that apply):				
septic / holding tank aeration tank pump tar	nk (wet well) seepage pit (dry well)			
How were the tanks decommissioned? tanks r	removedtanks crushed & filled			
If tanks were crushed, what were they filled with?	_sand gravel			
If you have questions about decommissioning an OWTS please call the Chautauqua County Environmental Health Division at 716-753-4693 or email Jeffrey Gallagher at gallaghi@chqgov.com . Completed forms and a copy of the detailed pumping receipt must be emailed to gallaghi@chqgov.com or mailed to the Mayville address below.				
Thank you for connecting to municipal sewer and improving community health around Chautauqua Lake.				
Jessica Wuerstle Environmental Health Director	Chautauqua County Environmental Health c/o Jeffrey Gallagher 7 N. Erie St. Mayville, NY 14757			