

RE: Private Onsite Wastewater Treatment System

The Sanitary Code requires a building lot of at least 40,000 square feet to keep water wells at least 50 feet from septic tanks and 100 feet from other wastewater treatment system components (200 ft in course gravel or if well is down gradient from absorption bed). If public water is available the building lot must be at least 15,000 square feet. OWTS components and discharge must maintain 10 feet from property lines. Building lots must include usable space; features such as wetlands, extreme elevations, etc. will complicate the OWTS design. The Sanitary Code of the Chautauqua County District specifies that one OWTS may be installed for one dwelling on a single parcel.

Please find the enclosed application for an OWTS permit and a packet of forms to assist you in preparing an OWTS design for your property. We suggest that you hire a contractor to perform percolation tests, design a system for your property, obtain the proper permit and install the system according to the plan. A list of contractors working in Chautauqua County is enclosed; these contractors are familiar with New York State Sewage regulations and the requirements of the Chautauqua County Environmental Health Unit.

Please complete the application, site plan, and percolation tests, record the information and return the entire form to our Mayville office for processing, accompanied by a check payable to the Chautauqua County Department of Finance.

As of JANUARY 1, 2023 PERMIT FEES are as follows:

Please contact our office to make an appointment for you or your contractor to meet with an inspector from this Department at the site. This conference is an important part of our permit process. Once issued OWTS permits are valid for one (1) year.

If you have any questions or comments regarding onsite wastewater treatment system permits, please contact our office at (716)753-4481.

Mailing Address:	Chautauqua County Department of Health
	Environmental Health Division
	7 North Erie St.
	Mayville, NY 14757

PROCEDURE FLOW CHART FOR PRIVATE ONSITE WASTEWATER TREATMENT SYSTEM PERMIT

	Responsibilities of Contractor / Property Owner			Responsibilities of CCHD - Environmental Health Unit			
1.	 Complete all application information: Application, Site plan drawing, Percolation tests and results on chart Soil characteristic chart. 	,					
2.	Submit completed application, charts, fee to office by mail or in person at 2 nd floor of HRC. <u>OR</u> Contractor cal office to schedule a site visit and brings the completed application, e with them; 7 days advance notice is required.	and Is etc.	→	If completed application is submitted to office before site visit, clerical staff will contact you to schedule a site visit.			
3.	Contractor / installer meets CCHD field staff at site.	→	Field staff brings mailed application an reviews application / system design wi contractor / installer.				
4.	Contractor completes application, revises site drawing, and returns completed application with fee to office or hands off to CCHD field staff at site visit.	→	Revie permit Code	ws application / drawing and issues t. Copies are sent to applicant, Town Enforcement Officer, and contractor.			
5.	Construction begins after plans have been reviewed and approved (permit issued or verbal approval given).						
6.	Contractor requests final inspection with 48 hour notice. <u>All</u> <u>components</u> of the system must be complete at time of requested inspection.	→	Makes syster	s final inspection and approves n or requires correction.			
7.	Contractor covers and grades system area.	→	Sends (with c essen copies and co	approval letter and as built drawing dimensions and measurements of tial components) to applicant with s to Town Code Enforcement Officer ontractor.			



Chautauqua County Health Department Onsite Wastewater Treatment System Installation Application Environmental Health Division (716) 753-4481 Application for Permit

In applying for this permit, I understand the following:

- System design is dependent on factors including the number of bedrooms, facility use, and property specifics such as:
 size and shape
 topography.
 ability to meet NYS required offset distances
 - •water table levels. soil characteristics .
- □ The location of my well, surrounding wells, and OWTS components will be documented; the information may be used by the Environmental Health Unit for future developments on surrounding properties.
- □ All OWTSs have limitations. The life expectancy of an OWTS is dependent on use and maintenance but life expectancy may be extended by utilizing water conservation measures, installing water efficient appliances, and eliminating garbage disposal units and dishwashers. Groundwater, cooling water, and surface water from streets, foundations, and roofs must be excluded from the OWTS.
- □ Should my system fail I am responsible for notifying the Environmental Health Unit for a permit to make repairs so public health nuisances and hazards may be prevented.
- □ If I sell my property a water sewage survey must be completed in accordance with the Sanitary Code of the Chautauqua County Health District.

Under the provisions of Article IV, Section 4 of the Sanitary Code of the Chautauqua County Health District, Application is made by:

Section:		Block:	Lot:
# Bedrooms:		Town / Village:	
Property Address:			
Commercial Property	ES 🗆 NO Type	of Business	
Reason: 🗌 NEW OWTS		CORRECTION due	to Water Sewage Survey

□ SEPTIC TANK REPLACEMENT ONLY □ D-BOX REPLACEMENT ONLY

□ OTHER:

I have read, understood, and agree to the above conditions under which my permit is to be issued. I agree to install and operate the OWTS in accordance with regulations set forth in the Sanitary Code of the Chautauqua County Health District. I understand that OWTS construction must not occur prior to the issuance of a permit and that after installation the system shall not be put into service prior to inspection by the CCHD Environmental Health Unit.

Homeowner Name Printed	Contractor Name Printed	
Homeowner Signature	Contractor Signature	
Mailing Address	Mailing Address	
Phone Number	Phone Number	
Email Address	Email Address	
** CCHD OFFICE USE ** Date Rec'd PERMIT #	Fee/Receipt # Date Issued	

Onsite Wastewater Treatment System (OWTS) Design Checklist

Please provide a straight lined drawing using a template or straight edge showing the following information. <u>ALL</u> requested information that is applicable <u>must</u> be given in order to receive your permit. Failure to do so will result in the application being rejected and returned. A submitted application with payment is not a guarantee of a permit. No construction should start prior to a permit being issued. If there are any questions as to the status of the permit please contact this office prior to the start of construction. All critical components will be addressed in a detail box or labeled on the submitted plan.

Property dimensions and property lines.	□ Include a North Arrow.		
□ Location of the dwelling.	Locate any streams, ponds, lakes, gullies, etc.		
\Box General slope of the lot.	Property layout (buildings, roads, driveways, etc.)		
\square Water wells or drinking water supplies within 200 f	eet of the proposed OWTS.		
Any other lines that may interfere with system con cable, etc.).	struction (i.e. gas lines, water lines, underground electric		
\square Any rights of way or easements on the property so	we do not place the OWTS on them.		
Proposed location of the OWTS including the locat	on the discharge will drain.		
\Box Location of clean outs.			
Slope of all pipe components in the system, includi distribution lines and drains.	ng line from house to tank, tank to D-box and all		
\Box Septic tank brand, size and type of outlet filter.			
\Box D-box location and type (i.e. concrete or plastic).			
Schedule 40 Pipe locations including Capped Vents (minimum 10 feet).	, Capped Inspection Ports, House to Tank, Tank to D-box		
\Box Components Dimensions (i.e. length and width of s	and filter, final discharge, stone bed).		
Designed By:	Date:		
*** CCDHHS	OFFICE USE ***		
CCHD Reviewer:	Date:		
Type of Permit:	Other:		
Comments:			

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Chautauqua County Health Department Onsite Wastewater Treatment System (OWTS) Design / Plan Drawing

This is a permanent record, please be neat. Provide all information listed below.

Owner	SBL	Contractor					
Address		Town/Village					
Deviation from permit	ted plans requires prior ap	proval from ENV Health or peri	mit may be voided.				
Type of System		OWTS components to	own well dist				
# Bedrooms	Size of Bed	to neighbor's well dist					
Sand Filter Discharge Size		Septic tank brand					
SCH 40 House to tank (1/2	"/ft) dist	Tank size(s): #1 #2					
Tank to D-box (1/8"/ft) dist		Outlet filter type					
Sand Filter to final absorp.	(1/16"/ft.) dist	North orrow	Clana of land				

North arrow _____Slope of land_____

Date SITE INVESTIGATION Completed:	
ENV Health Rep:	

OWTS components to property line dist._____

Final Grade/Seeding Done By:

Please attach map/drawing with all pertinent information and email to ehu@chqgov.com. NO permit will be issued until a drawing has been received by this department.

Date	_SBL	Test by
Weather / Comments		
CCHD Rep	Date	Percolation Rate

PERCOLATION TEST RESULTS

#1 DEPTH =			#2 DEPTH =				#3 DEPTH =				
Start	Stop	Minute	Inches	Start	Stop	Minute	Inches	Start	Stop	Minute	Inches
		interval	drop			interval	drop			interval	drop

#4 DEP	TH =			#5 DEI	PTH =			#6 DEI	PTH =		
Start	Stop	Minute interval	Inches drop	Start	Stop	Minute interval	Inches drop	Start	Stop	Minute interval	Inches drop

SOIL CHARACTERISTICS

INSTRUCTIONS: Dig a 5 foot test hole in the middle of the proposed tile field area; side walls must be clearly visible to the full depth. Use the chart below to record any significant changes in soil characteristics and the depth where they occur.

LOCATING AND PREPARING PERCOLATION TEST HOLES

- 1. Locate the proposed tile field area and stake out the probable corners. The tile field area must be located more than 100 feet from any water well and surface water.
- 2. The proposed tile field area should be divided into four quadrants with a percolation test performed in each quadrant. A minimum of four (4) test holes, 20 feet apart, are required in the proposed field area.
- 3. Tests should also be run downhill of the proposed field area. Two (2) tests should be performed 10 20 feet below the bottom edge of the tile field. Site and OWTS system specifics may require additional tests.
- 4. Dig a hole with vertical sides approximately 12 inches wide and 24 30 inches below grade or, if shallower or deeper OWTSs are planned, dig holes to the projected depth of the trenches. If dense clay, shale, or ground water is encountered, run tests at shallower depth and indicate depth on chart. A reputable OWTS contractor should be contacted for assistance.
- 5. Scrape the sides of holes and remove loose soil from the bottom. Place 2 inches of gravel or crushed stone in the bottom of holes.
- 6. **PRESOAK** and saturate the holes the day before the test is run by periodically filling the holes with water and allowing water to seep away. For safety, cover test holes with boards.

RUNNING PERCOLATION TESTS

- 1. Carefully pour 6 inches of water into the hole and mark the time on the attached sheet.
- 2. Observe and record the time in minutes that it takes the water level to drop from 6 inches to 5 inches deep.
- 3. Add more water to bring the water depth back to 6 inches and repeat step #2.
- 4. A minimum of 5 tests are requested in each test hole. The process should reveal successive tests that show approximately equal lengths of time for the water depth to drop 1 inch. This time is the percolation rate.
- 5. For safety, cover test holes with boards. <u>Do not backfill the test</u> <u>holes.</u> A representative from CCHD will need to observe the holes in evaluating the OWTS design.



(Source: NYSDOH Residential Onsite Wastewater Treatment Systems Design Handbook p. 105)

PERCOLATION TESTS RESULTS

After a percolation rate has been determined for each hole, consult the System Size Chart to determine the size of stones beds or trenches recommended for the standard OWTS. Use the slowest percolation rate observed. This department does not design private OWTSs. However *a field consultation with this department is required*. After completing the percolation tests and establishing the soil profile, send your application materials and the filing fee to the Mayville office. You will be contacted for a site investigation appointment.

EVALUATING SOIL CHARACTERISTICS

A five (5) foot hole is required to evaluate soil characteristics. The hole should be dug in the middle of the proposed tile field area; the width must allow easy observation of side walls to the full depth. Use the "Soil Characteristics" charts to record significant changes in soil characteristics and the depth at which they occur along with the depth at which groundwater is observed.

<u>Sand Filter Systems</u> are used on lots with poor drainage, little topsoil, and clay subsoils. The lot should have at least 4' of slope throughout the system area. A two compartment 1500 gallon septic tank with an outlet filter is required. See **Minimum Septic Tank Capacities** Table at bottom of page for tank size requirements. Sand filter systems can have 2 tanks in series that meet the minimum capacity, but if tanks are used in series 2/3 of the total tank volume must be in the first tank (i.e. $1^{st} = 1,000$ gallon, $2^{nd} = 500$ gallon). A distribution box is required.

SAND FILTER SIZE & CONSTRUCTION SPECIFICATIONS

STONE OVER SAND	APPROVED SAND	PEA-STONE UNDER SAND	STONE on BOTTOM
3/4 - 1 1/2 " Washed Stone 8" over sand	24" Approved Grade A Sand	1/8-1/4 " Stone 3" minimum	3/4 - 1 1/2 " Washed Stone

Bedrooms	Width (ft)	Length (ft)	Area (sq. feet)	Top Lines	Under Lines	Length of 2 foot wide Absorption Trench (ft)	Stone Bed (sq. feet)
two	12	25	300	4	1	80	200
three	12	35	420	4	1	120	300
four	12	45	540	4	1	160	400
four	15	36	540	5	2	160	400
five	12	55	660	4	1	200	500
five	15	44	660	5	2	200	500
six	15	52	780	5	2	250	600
six	20	39	780	6	2	250	600

MINIMUM SEPTIC TANK CAPACITIES

Number of Bedrooms	Subsurface Systems	Sand Filters *		
2 or 3	1000 Gallons	1500 Gallons		
4	1250 Gallons	1500 Gallons		
5	1500 Gallons	1500 Gallons		
6	1750 Gallons	2000 Gallons		

NOTES:

• Tank size requirements for more than six bedrooms shall be calculated by adding 250 gallons and seven square

feet of surface area for each additional bedroom.

- A garbage grinder shall be considered equivalent to an additional bedroom for determining tank size.
- A hot tub / spa should be considered equivalent to an additional bedroom for determining tank size.

Standard Subsurface Tile Fields are used on lots with good drainage and gentle slopes. See **Minimum Septic Tank Capacities** Table (next page) for tank size requirements. An outlet filter on the septic tank and a distribution box are required. Tile lines are 24" wide trenches of equal length with perforated pipe in washed stone. The trench is dug level, and the pipe is laid at 1/32 inch/foot drop.

Required Length of Absorption Trench for Corrections (see Notes)										
Percolation Rate	2 Bedrooms		3 Bedrooms		4 Bedrooms		5 Bedrooms		6 Bedrooms	
Water Fixtures	Low Flow	High Flow	Low Flow	High Flow	Low Flow	High Flow	Low Flow	High Flow	Low Flow	High Flow
1-5 Min./Inch	92	125	138	187	184	250	230	312	275	374
6-7 Min./Inch	110	150	165	225	220	300	275	375	330	450
8-10 Min./Inch	123	167	184	250	245	333	306	417	367	500
11-15 Min./Inch	138	188	207	281	275	375	344	469	413	563
16-20 Min./Inch	158	214	236	321	315	429	393	536	472	643
21-30 Min./Inch	184	250	275	375	367	500	459	625	550	750
31-45 Min./Inch	220	300	330	450	440	600	550	750	660	900
46-60 Min./Inch	245	333	367	500	489	667	612	833	734	1000*
				Dosing or alternate design required.						
	* Greater than 1,000 feet of trench requires Alternate Dosing.									

Leaching Stone Beds are used on lots with good percolating soils but are limited by topography or area. See Minimum Septic Tank Capacities Table next page for tank size requirements. An outlet filter on the septic tank, a distribution box, and equal length perforated pipes laid level on 12" of washed stone and connected at the ends are required. NYS Department of Health requires pressure dosing of a leaching stone bed system for new homes. New home construction requires pumping.

Required Square Footage of Stone Beds (see Notes)											
Percolation Rate	2 Bedrooms		3 Bedrooms		4 Bedrooms		5 Bedrooms		6 Bedrooms		
Water Fixtures	Low Flow	High Flow	Low Flow	High Flow	Low Flow	High Flow	Low Flow	High Flow	Low Flow	High Flow	
1-5 Min./Inch	250	300	350	475	475	625	600	800	700	950	
6-10 Min./Inch	325	425	475	650	650	850	800	1100	950	1300	
11-15 Min./Inch	375	500	550	750	750	1000	925	1250	1100	1500	
16-20 Min./Inch	400	550	600	800	800	1100	1000	1400	1200	1600	
21-30 Min./Inch	500	650	750	1000	1000	1300	1225	1700	1500	2000	
							Pressure manifold required.				
							Pumping will be required.				

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:							