



Chautauqua County Health Department Onsite Wastewater Treatment System Installation Application

Environmental Health Division (716) 753-4481

Application for Permit

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:

Correction or replacement on an existing home	\$250
Newly constructed home (new OWTS)	\$250
Septic tank replacement permit	\$100
Distribution box replacement permit	\$100
OWTS Permit extension	\$ 50

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



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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 ☐ YES ☐ NO **Type of Business** _____

Reason: ☐ NEW OWTS ☐ CORRECTION ☐ 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 _____ Fee/Receipt # _____

PERMIT # _____ **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. ALL requested information that is applicable must 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.

- | | |
|--|--|
| <input type="checkbox"/> Property dimensions and property lines. | <input type="checkbox"/> Include a North Arrow. |
| <input type="checkbox"/> Location of the dwelling. | <input type="checkbox"/> Locate any streams, ponds, lakes, gullies, etc. |
| <input type="checkbox"/> General slope of the lot. | <input type="checkbox"/> Property layout (buildings, roads, driveways, etc.) |
| <input type="checkbox"/> Water wells or drinking water supplies within 200 feet of the proposed OWTS. | |
| <input type="checkbox"/> Any other lines that may interfere with system construction (i.e. gas lines, water lines, underground electric cable, etc.). | |
| <input type="checkbox"/> Any rights of way or easements on the property so we do not place the OWTS on them. | |
| <input type="checkbox"/> Proposed location of the OWTS including the location the discharge will drain. | |
| <input type="checkbox"/> Location of clean outs. | |
| <input type="checkbox"/> Slope of all pipe components in the system, including line from house to tank, tank to D-box and all distribution lines and drains. | |
| <input type="checkbox"/> Septic tank brand, size and type of outlet filter. | |
| <input type="checkbox"/> D-box location and type (i.e. concrete or plastic). | |
| <input type="checkbox"/> Schedule 40 Pipe locations including Capped Vents, Capped Inspection Ports, House to Tank, Tank to D-box (minimum 10 feet). | |
| <input type="checkbox"/> Components Dimensions (i.e. length and width of sand filter, final discharge, stone bed). | |

Designed By: _____ Date: _____

***** CCDHHS OFFICE USE *****

CCHD Reviewer: _____ Date: _____

Type of Permit: Type of Permit: ☐ PSD ☐ PSN ☐ PA ☐ Other: _____

Comments: _____

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 permitted plans requires prior approval from ENV Health or permit may be voided.

Type of System _____
Bedrooms _____ Size of Bed _____
Sand Filter Discharge Size _____
SCH 40 House to tank (1/4"/ft) dist. _____
Tank to D-box (1/8"/ft) dist. _____
Sand Filter to final absorp.(1/16"/ft.) dist. _____
OWTS components to property line dist. _____

OWTS components to own well dist. _____
to neighbor's well dist. _____
Septic tank brand _____
Tank size(s): #1 _____ #2 _____
Outlet filter type _____
North arrow _____ Slope of land _____

Date SITE INVESTIGATION Completed: _____

Final Grade/Seeding Done By: _____

ENV Health Rep: _____

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.

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 _____