



Onsite Wastewater Treatment System (OWTS) Permit Application

Chautauqua County Health Department • HealthyCHQ.com
Environmental Health Division (716) 753-4481

In applying for this permit, I understand the following:

- OWTS design depends on factors including, but not limited to: the number of bedrooms, facility use, parcel size and shape, topography, ability to meet NYS required offset distances, water table levels and soil type.
Existing or suspected wetlands on the parcel will require a wetland Jurisdictional Determination (JD) from the NYS Department of Environmental Conservation.
The location of my well / water source, surrounding wells / water sources, and OWTS components will be documented; the information may be used by the CCHD for future developments on surrounding properties.
The life expectancy of an OWTS depends on use and maintenance. 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 the system fail property owners are responsible for notifying the CCHD for a permit to make repairs so public health nuisances and hazards may be prevented.
If the property is sold, or transfer ownership, 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 to install or correct an Onsite Wastewater Treatment System (OWTS) is made by:

Property Tax ID # (Section-Block-Lot #) \_\_\_\_\_

# Bedrooms: \_\_\_\_\_ Town / Village: \_\_\_\_\_

Property Address: \_\_\_\_\_

Commercial Property [ ] No [ ] Yes, describe business: \_\_\_\_\_

Reason: [ ] New OWTS [ ] Correction [ ] Correction due to Water Sewage Survey
[ ] Septic Tank Replacement Only [ ] Distribution Box Replacement Only [ ] Other: \_\_\_\_\_

I have read, understood, and agree to the above conditions under which the permit is to be issued. I agree to install and operate the OWTS in accordance with regulations in the Sanitary Code of the Chautauqua County Health District. I understand that OWTS construction must not occur before a permit is issued and that after installation the system must not be put into service until it is inspected by a representative of the Chautauqua County Health Department.

Property Owner Name (printed) Contractor Name (printed)

Property Owner 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**

**\*\* ALL THINGS TO BE DISCUSSED / CONFIRMED WITH CCHD INSPECTOR \*\***

Please provide a straight lined drawing using a template or straight edge showing the following information. ALL requested information that is applicable must be provided before a permit will be issued. 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.** Construction should not start before a permit is issued. If you have a question about the status of the permit please contact this office before construction. All critical components will be addressed in a detail box or labeled on the submitted plan.

- Property dimensions and property lines.
- Location of the dwelling.
- General slope of the lot.
- Water wells or drinking water supplies within 200 feet of the proposed OWTS.
- Properties with existing or suspected freshwater wetlands, must have a Jurisdictional Determination (JD) from NYSDEC which allows OWTS installation.
- Any buried lines that may interfere with system construction (i.e. gas lines, water lines, underground electric cable, etc.).
- All wastewater drain lines (laundry, utility sinks, etc.) must be connected to the main sewer and septic tank.
- Sump pumps must be excluded from the septic system. Water softeners must be excluded, air gapped or installed with a check valve.
- 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 location the discharge will drain.
- Location of clean outs (cleanouts required every 75 feet between the house outlet and tank).
- Slope of all pipe components in the system, including line from house to tank, tank to D-box and all distribution lines and drains.
- Septic tank brand, size and type of outlet filter.
- Distribution box (D-box) location and type (i.e. concrete or plastic).
- Schedule 40 Pipe locations including Capped Vents, Capped Inspection Ports, House to Tank, Tank to D-box.
- Component Dimensions (i.e. length and width of sand filter, final discharge, stone bed).

Designed By: \_\_\_\_\_ Date: \_\_\_\_\_

**CCHD Office Use**

CCHD Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Type:  PSD  PSN  PA  Other: \_\_\_\_\_

Comments: \_\_\_\_\_



**Onsite Wastewater Treatment System (OWTS) Permit Application**

Chautauqua County Health Department • HealthyCHQ.com  
Environmental Health Division (716) 753-4481

**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 \_\_\_\_\_

**\*\*\*\* Changes to permitted plans requires approval from ENV Health or permit 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 (1/4"/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. \_\_\_\_\_

Graywater connected? \_\_\_\_\_

OWTS components to property line dist. \_\_\_\_\_

Sump pump / water softener excluded? \_\_\_\_\_

**Date SITE INVESTIGATION Completed:** \_\_\_\_\_

**Final Grade/Seeding By:** \_\_\_\_\_

**CCHD Rep:** \_\_\_\_\_

\_\_\_\_\_

North arrow \_\_\_\_\_ Slope of land \_\_\_\_\_



**Onsite Wastewater Treatment System (OWTS) Permit Application**

Chautauqua County Health Department • HealthyCHQ.com  
Environmental Health Division (716) 753-4481

**Onsite Wastewater Treatment System (OWTS) – Percolation Test and Soil Characteristics**

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

Date \_\_\_\_\_ SBL \_\_\_\_\_ Test by \_\_\_\_\_

Weather / Comments \_\_\_\_\_

CCHD Rep \_\_\_\_\_ Date \_\_\_\_\_ Percolation Rate \_\_\_\_\_

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

#4 Depth =				#5 Depth =				#6 Depth =			
Start	Stop	Minute interval	Inches drop	Start	Stop	Minute interval	Inches drop	Start	Stop	Minute interval	Inches drop

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

Description of Topsoil: \_\_\_\_\_

Depth of Topsoil: \_\_\_\_\_

Description of Subsoil: \_\_\_\_\_

Depth of Subsoil: \_\_\_\_\_

Depth High Groundwater Evidence: \_\_\_\_\_

Depth Groundwater Seeped in: \_\_\_\_\_

Depth to Bedrock: \_\_\_\_\_