



**Chautauqua County Health Department
Professionally Engineered Onsite Wastewater Treatment System Installation
Application for Permit**

Environmental Health Division (716) 753-4481

RE: Professionally Engineered Onsite Wastewater Treatment System Permit and Plan Review Application

The Sanitary Code of Chautauqua County Health District requires that professionally engineered design plans (i.e. plans that have been stamped by a NYS licensed professional engineer) for Onsite Wastewater Treatment Systems (OWTSs) be reviewed and approved by the Chautauqua County Health Department (CCHD) – Division of Environmental Health before they are installed and utilized. The Sanitary Code requires that a new building lot be at least 40,000 square feet to keep water wells at least 50 feet from septic tanks and 100 feet from the other OWTS components.

Please find the enclosed CCHD application for a Professionally Engineered OWTS Permit and Plan Review. A procedure flow chart has been included for your convenience. Complete and return the enclosed permit application form to the Mayville office along with a check payable to the “Chautauqua County Director of Finance” and the stamped OWTS design plans.

Preliminary Design plans may be submitted:

1) In digital form and emailed to the CCHD Engineering Inbox at EngineeringPlans@chqgov.com

2) As hard copies and mailed directly to the Mayville office.

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

As of January 1, 2023 Professionally Engineered OWTS Permit fees will be as follows:

Cost of Project >\$100,000.....	\$300. ⁰⁰
Cost of Project \$10,000 - \$100,000.....	\$200. ⁰⁰
Cost of Project <\$10,000.....	\$125. ⁰⁰

If you have any questions or comments regarding OWTS permits, please feel free to contact our office at 716-753-4481.

CCHD Procedure Flow Chart for Professionally Engineered OWTSs

1. CCHD staff determines that site conditions warrant engineered plans for a new Onsite Wastewater Treatment System (OWTS). CCHD advises property owner(s) that their hired Professional Engineer will need to submit a Professionally Engineered OWTS Permit and Plan Review Application.

OR

Property owners are aware they need engineered plans and initiate the procedure without CCHD guidance.

2. Property owner hires an engineer to design an OWTS. Local engineers should be aware of the CCHD Professionally Engineered OWTS Permit and Plan Review Application so they may advise property owners who have not yet involved CCHD.
3. The consulting engineer draws up an OWTS design plan and fills out the required information on the CCHD permit application. The permit application, appropriate fee, and a digital or hard copy of the OWTS design plan should be submitted to CCHD. The application, fee, and hard copies of the plans can be mailed to the Mayville office. Digital applications and design plans should be emailed to the CCHD Engineering Inbox at EngineeringPlans@chqgov.com

As of January 1, 2023 Engineer Designed OWTS Permit fees will be as follows:

Cost of Project >\$100,000.....	\$300. ⁰⁰
Cost of Project \$10,000 - \$100,000.....	\$200. ⁰⁰
Cost of Project <\$10,000.....	\$125. ⁰⁰

4. CCHD Engineer reviews and approves the OWTS design plan and notifies the property owner and consulting engineer in writing that the OWTS plans are approved and can be installed per design plan.
5. The OWTS is constructed and inspected by a NYS professional engineer. If any changes are needed to the design plan, the CCHD Engineer must be notified and approve the changes before installation is completed.
6. Once the OWTS is installed, the consulting engineer sends a certification letter to CCHD with installation information including the date the system was installed and an as-built design drawing if any changes were made to the original design. A digital copy of the design drawings must be submitted to the CCHD Engineer via email or in the mail on a removable digital storage device (i.e. cd, flash drive, etc.).

Applicant (Owner) _____ TELEPHONE #/EMAIL _____

Address _____
STREET TOWN, VILLAGE, CITY COUNTY ZIP

Site Location _____
STREET TOWN, VILLAGE, CITY COUNTY ZIP

1. This information is submitted in support of the application for specific waiver from the standards of 10NYCRR Appendix 75A, Wastewater Treatment Standards - Residential On Site Systems.

Proposed design cannot meet standards of Appendix 75-A for the following reasons:

- ☐ Separation distance cannot be achieved (see 75-A.4(b), Table 2, Separation Requirements)
☐ Excessive slope (see 75-A.4a(1), Soil and Site Appraisal)
☐ Proposed design and or technology
☐ Other _____

2. Provide a brief description of design criteria which will mitigate noncompliance with requirements of Appendix 75-A. Include a detailed design, record of soil/site investigation and evaluation and a site plan which depicts conditions of concern existing on parcels abutting the site location including but not limited to location of wells, water bodies and wetland.

3. Signature of Applicant and Professional Engineer/Registered Architect

I _____ (Applicant) acknowledge that this request for waiver is necessary because an on-site wastewater treatment system at this property cannot meet the referenced standards of 10NYCRR, Appendix 75-A. I accept the system design as proposed.
TYPE OR PRINT NAME

SIGNATURE

DATE

I _____ (Professional Engineer/Registered Architect) acknowledge that this request for waiver from standards of 10NYCRR, Appendix 75-A is necessary because one or more conditions prevent construction of an on-site wastewater treatment system that is compliant with standards of Appendix 75-A. By my signature, the proposed design will provide a degree of protection equivalent to the intent of Appendix 75-A and will not result in an increased risk to public and environmental health.
TYPE OR PRINT NAME

SIGNATURE

DATE

NYS LICENSE #

For Health Department Use Only

Based upon the information provided in this application to waive the referenced standards of Appendix 75-A and in accordance with 10NYCRR Section 75.3 and 75.6(b), the waiver requested is hereby:

- ☐ Approved: Install as proposed
☐ Approved: Install with the following conditions: _____
☐ Denied, for the following reasons: _____

This waiver may be revoked if any proposals are modified or site conditions change that were considered for approving this waiver.

HEALTH DEPARTMENT REPRESENTATIVE

SIGNATURE

DATE

Completing the Specific Waiver Application: Residential Onsite Wastewater Treatment Systems

Applicability

This Specific Waiver application form is intended for use by the applicant (property owner) and the applicant's engineer to present information for consideration by the Health Department having jurisdiction to approve a new onsite wastewater treatment system (OWTS) that does not comply with one or more standards of Appendix 75-A, "Wastewater Treatment Standards – Residential Onsite Systems". *A specific waiver shall be obtained before construction of the onsite wastewater treatment system.*

Background

The responsible city, county, or district health office may grant a 10NYCRR Part 75 Specific Waiver from a provision(s) of 10NYCRR Part 75, Appendix 75-A, only under the following circumstances:

1. Conditions at the particular site make it impractical to comply with these standards or
2. Disapproval will result in a significant hardship.
3. Appropriate protective measures to mitigate noncompliance are applied;
4. The design is not likely to pose a health hazard or create environmental contamination.

A Specific Waiver IS NOT intended as a device for routinely approving residential onsite wastewater treatment systems that do not meet design standards. It is intended to provide administrative flexibility to resolve cases when hardships exist and/or other circumstances that make it impractical to meet Appendix 75-A standards. *The issuance of a specific waiver is discretionary to the health department.*

The Specific Waiver application shall provide information and background about the site conditions and detail the proposal so that the Health Department is able to determine whether to approve or deny the application. The Health Department representative may ask for additional information to be submitted to make that determination.

General Information

Provide the applicant's current mailing address and contact information. Also provide the address of the property the specific waiver is being applied for, even if it is the same as the mailing address.

Reasons for Noncompliance

Check the applicable reason(s) for which the waiver is requested. If not already listed, include the specific standard(s) in the space provided and provide a brief explanation. More detailed information can be attached as needed or as appropriate.

Proposed Mitigative Design

Provide a brief description of the site characteristics and OWTS design in the space provided. Detailed information (engineer's report) and design plans can be attached to the application.

Supporting Information

The amount and/or detail of information required by the Health Department representative may depend on the complexity of the site conditions. To obtain a specific waiver, the applicant must demonstrate that the onsite wastewater treatment system design proposal is acceptable and is not likely to pose a health or environmental hazard.

Detailed Site Plan contents may include some or all of the following: surveyed plat, accurate location of onsite and neighboring (if applicable) drinking water sources and water courses, site topography, drainage features and any pertinent physical features.

Detailed Design shall be submitted by a NYS licensed P.E. and will clearly identify the OWTS components and locations.

Soil and Site Evaluation shall incorporate the characterization of the existing soils through, at a minimum: percolation tests and test pit evaluation, which identifies soil types and geologic limiting conditions (e.g., groundwater, rock or clay).

Neighboring conditions of concern (if applicable) shall include at a minimum, onsite or nearby: drinking water sources, watercourses or wetlands. Other identified possible areas of concern that could be impacted by the OWTS shall also be identified.

Acknowledgement of Risks

The applicant (property owner) is required to sign the Specific Waiver application and acknowledge the risks that may be associated with the OWTS serving their property. A NYS Professional Engineer (P.E.) is required to provide his or her name and license number on the form and submit the supporting information and stamped design plans on behalf of the applicant.

Health Department Representative Response

The Health Department representative will approve; approve with conditions; or deny the Specific Waiver application. The determination will be sent to the applicant and a copy of the determination and all information submitted with the application will be retained. BWSP suggests that the applicant ensures oversight by obtaining a certification from the Professional Engineer that the wastewater system has been installed as authorized by this Specific Waiver.

NAME of APPLICANT		LOCATION of WORKS		ENTITY or AREA SERVED	
TYPE of OWNERSHIP: <input type="checkbox"/> Municipal <input type="checkbox"/> Commercial <input type="checkbox"/> Private-Home <input type="checkbox"/> Board of Education <input type="checkbox"/> State <input type="checkbox"/> Industrial <input type="checkbox"/> Sewage Works Corp. <input type="checkbox"/> Private-Other <input type="checkbox"/> Authority <input type="checkbox"/> Interstate <input type="checkbox"/> Private-Institutional <input type="checkbox"/> Federal <input type="checkbox"/> International					
TYPE and NATURE of CONSTRUCTION: <input type="checkbox"/> New Works <input type="checkbox"/> Additions / Alterations		<u>Collection System</u>		<u>Treatment and/or Disposal</u> <input type="checkbox"/> New <input type="checkbox"/> Additions or Alterations	
ESTIMATED COST of CONSTRUCTION:					
TYPE of WASTE: <input type="checkbox"/> Sewage <input type="checkbox"/> Industrial (specify) <input type="checkbox"/> Other (specify)					
NAME of RECEIVING TREATMENT WORKS:		POINT of DISCHARGE: Surface Water (Name of Watercourse) Class Ground Water (Name of Watercourse to which groundwater is tributary) Class			
Name of Design Engineer				New York State License No.	
Address of Design Engineer				Telephone No.	
<u>WATER CONSUMPTION (GDP)</u>					
Present		Future		Design Year	
<u>POPULATION SERVED</u>					
Present		Future		Design Year	
<u>AVERAGE DAILY FLOW for NEW or EXISTING TREATMENT WORKS (GDP)</u>					
Present		Future		Design Year	
SOURCE of WATER SUPPLY (if private; give location type, depth, character of soil):			DESIGN EQUIVALENT POPULATION (BOD basis):		
			Design Flow GPD Design Plan Efficiency (%)		
GIVE NUMBER, CHARACTER and DISTANCE of any BUILDINGS WHICH MAY BE AFFECTED by the PROPOSED TREATMENT WORKS:				DESCRIBE PROPOSED or EXISTING STORM WATER DISPOSAL:	
ADDITIONAL INFORMATION MUST BE SUBMITTED FOR PRIVATE AND INSTITUTIONAL SYSTEMS Indicate on U.S.G.S. topographic map the exact location of all wells / other water supply sources within 200' of the proposed works. Give description of the sources and character of soil.					
State depth below existing ground surface at which ground water is encountered.			Describe soil at the site of proposed works. Give design basis and observed soil percolation rate data (use additional sheet if necessary).		
DATE:					

ALL APPLICATIONS must be accompanied by plans, specifications, and a completed CCHD permit application form. The submission must conform to a previously approved engineering report describing the system in detail. The plans must be stamped with the designing engineer's seal. Digital or hard copies of plans must be submitted. There must be a blank area, at least 4" x 7", in the lower right corner of each sheet so that the approval stamp may be placed on the face of plans. Digital copies must be submitted following construction at the time the OWTS is certified.

Any deviation from CCHD and NYS standards for wastewater collection and treatment facilities must be explained in detail.

Approved plans are to be returned to (*circle one*): APPLICANT or ENGINEER

If the application is signed by a person other than the applicant, the application must be accompanied by a letter of authorization. Failure to comply with this provision may be grounds for the rejection of any submission.

I hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Signature and Official Title _____

Mailing Address _____

Date of Application _____

Comments and Remarks:

FOR CCHD—DIVISION OF ENVIRONMENTAL HEALTH OFFICE USE ONLY

RECEIVED: _____

REVIEWED & APPROVED: _____

ENGINEER / APPLICANT NOTIFIED: _____

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: _____