

**APPLICATION for ONSITE WASTEWATER TREATMENT SYSTEM INSTALLATION and OPERATION PERMIT**

In applying for this permit, I understand that the design of an onsite wastewater treatment system (OWTS) is dependent on a number of factors including: 1) The size of my dwelling. 2) The topography, slope and drainage patterns of my property. 3) The soil characteristics of the top soils and subsurface soils as well as water table levels. 4) The size and shape of my lot, as well as its proximity to other developed property and water sources.

The location of my well, surrounding wells, and OWTS component locations will be documented with GPS points during the site investigation; the information may be used by the CCDHHS Environmental Health Unit for future developments on surrounding properties. I understand that there are limitations of any OWTS and that the life expectancy of the system depends on how much it is used and how well it is maintained.

The life of a system may be extended by water conservation measures including eliminating the use of garbage disposal units or dishwashers and using other appliances efficiently (i.e. running washing machines with full loads of laundry). No groundwater, storm water, cooling water or surface water from streets, foundations or roofs shall be admitted to the proposed OWTS. All septic tanks should be inspected for pumping every two years.

Furthermore, I understand that, should my system fail I am responsible for promptly notifying the CCDHHS Environmental Health Unit for a permit to make repairs so any public health nuisance or hazard may be prevented. Also, I understand that when I sell my property, I will fully explain all the limitations of my property with respect to the onsite wastewater treatment system to the subsequent owner.

I have read, understood and agree to the above conditions under which my permit is to be issued.

**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:** \_\_\_\_\_

OWNER: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

NEW / CORRECTION SYSTEM (circle one)

NUMBER of BEDROOMS: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

DIRECTIONS: \_\_\_\_\_

TOWN / VILLAGE (circle one) of: \_\_\_\_\_

I agree to install and operate the onsite wastewater treatment system in accordance with regulations set forth in the Sanitary Code of the Chautauqua County Health Department. **I understand that no construction may take place prior to the issuance of a PERMIT and that after installation the system shall not be put into service prior to inspection by the CCDHHS Environmental Health Unit.**

Signature of Homeowner

Signature of Contractor

Address of Homeowner

Address of Contractor

Phone Number

Phone Number

Email Address

Email Address

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

PERMIT # \_\_\_\_\_ Issued \_\_\_\_\_

Date Rec'd \_\_\_\_\_ Fee \_\_\_\_\_ Receipt # \_\_\_\_\_ Check # \_\_\_\_\_

Property Owner: \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Site Address: \_\_\_\_\_

**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.

- Property dimensions and property lines
- Location of the dwelling
- General slope of the lot
- Water wells or drinking water supplies within 200' of the proposed OWTS
- Any other lines that may interfere with system construction (i.e. gas lines, water lines, underground electric cable, etc.)
- 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
- 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
- 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 (minimum 10 ft)
- Components Dimensions (i.e. length and width of sand filter, final discharge, stone bed)
- Include a North Arrow
- Locate any streams, ponds, lakes, gullies, etc.
- Property layout (buildings, roads, driveways...)

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

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

CCDHHS Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

\_\_\_\_\_

CCDHHS Reviewer Actions: \_\_\_\_\_

**ONSITE WASTEWATER TREATMENT SYSTEM DESIGN DRAWING**

THIS IS A PERMANENT RECORD, PLEASE BE NEAT. PROVIDE ALL INFORMATION LISTED BELOW.

Owner / Applicant \_\_\_\_\_ Designed By \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_

Town / Village \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

**\*\*\* Deviation from a permitted plan requires prior approval from CCDHHS - Environmental Health Unit or permit may be voided. \*\*\***

# Bedrooms \_\_\_\_\_ Size of system \_\_\_\_\_ OWTS components to own well dist.= \_\_\_\_\_

SCH 40 House to tank (1/4"/ft) dist.= \_\_\_\_\_ To neighbor's well dist.= \_\_\_\_\_

Tank to D-box (1/8"/ft) dist.= \_\_\_\_\_ Septic tank brand \_\_\_\_\_

Sand Filter to final absorp.(1/16"/ft.) dist.= \_\_\_\_\_ Tank size(s): #1 \_\_\_\_\_ #2 \_\_\_\_\_

OWTS components to property line dist.= \_\_\_\_\_ Outlet filter type \_\_\_\_\_

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

## PERCOLATION TEST RESULTS

DATE \_\_\_\_\_ SECTION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

TEST BY \_\_\_\_\_ TOWN / VILLAGE \_\_\_\_\_

WEATHER \_\_\_\_\_ COMMENTS \_\_\_\_\_

#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

Test Verified by \_\_\_\_\_ Date \_\_\_\_\_ Percolation Rate \_\_\_\_\_

**SOIL CHARACTERISTICS** – Instructions - Dig 5' test hole in area of proposed tile field, large enough so side walls can be clearly observed to full depth. Record on chart below any significant changes in soil characteristics and the depth at which they occur.

- 6"--
- 12"--
- 18"--
- 24"--
- 30"--
- 36"--
- 42"--
- 48"--
- 54"--
- 60"--

CHARACTER (color/texture)

TOPSOIL \_\_\_\_\_ inches \_\_\_\_\_

SUBSOIL \_\_\_\_\_ inches \_\_\_\_\_

WATER at \_\_\_\_\_ inches \_\_\_\_\_

Water seeped in at \_\_\_\_\_ inches