



Professionally Engineered Onsite Wastewater Treatment System Installation Application for Permit  
Chautauqua County Health Department • HealthyCHQ.com  
Environmental Health Division (716) 753-4481

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 (OWTS) be reviewed and approved by the Division of Environmental Health Services before they are installed and utilized.

The Sanitary Code of the Chautauqua County District requires a building lot of at least 40,000 square feet to maintain required distances between water wells and septic components. If public water is available the building lot must be at least 15,000 square feet. Building lots that feature wetlands, extreme elevations, etc. will complicate the OWTS design.

The Sanitary Code specifies that one OWTS may be installed for one dwelling on a single parcel. All graywater drain lines are considered wastewater: laundry, utility sinks, etc. must be connected to the main sewer and septic tank. Onsite wastewater treatment system components and discharges must be a minimum of 10 feet from property lines.

Enclosed you will find an application for a Professionally Engineered OWTS permit along with reference materials that should be used when preparing the OWTS design. Chautauqua County Health Department (CCHD) staff will review the submitted design to ensure that it meets New York State regulations.

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) **\*Preferred\*** In digital form and emailed to the CCHD Engineering Inbox at [EngineeringPlans@chqgov.com](mailto:EngineeringPlans@chqgov.com).  
c/o Ron Wasik, Assistant Public Health Engineer
- 2) **OR** As hard copies and mailed directly to the Mayville office:  
Chautauqua County Health Department  
Division of Environmental Health  
Attn: Engineering Plans  
7 North Erie St.  
Mayville, NY 14757

**As of JANUARY 1, 2026 PERMIT FEES are as follows:**

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

For the purpose of this application, "project" shall mean "system." (i.e., if there are multiple onsite wastewater treatment systems that are in the process of repair or replacement, each OWTS shall have a separate review permit fee).

Please contact our office at (716)753-4693 with any questions or concerns regarding OWTS permits.

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

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**CCHD Procedure Flow Chart for Professionally Engineered OWTS's**

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1. As of January 2025, property owners must submit a freshwater wetland Jurisdictional Determination (JD) request to the New York State Department of Environmental Conservation (NYSDEC) should there be suspected or known freshwater wetlands on, or adjacent to, the parcel where construction will occur. Please note that an OWTS permit cannot be issued by this office until all requirements have been satisfied through the NYSDEC. Information regarding the new wetland regulations is on the NYSDEC website:

<https://dec.ny.gov/nature/waterbodies/wetlands/freshwater-wetlands-program/freshwater-wetland-jurisdictional-determination>

2. 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.

3. 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.
4. 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](mailto:EngineeringPlans@chqgov.com)
5. Upon review and approval of the OWTS plans by the CCHD Engineer, notification of approval will be provided in writing to the property owner and consulting engineer. The OWTS may be installed per design plan after written approval has been granted.
6. Construction of the OWTS takes place under the direction of the consulting engineer. The consulting engineer completes the inspection of the system. If any changes are needed to the approved design, the CCHD Engineer must be notified and approve the changes before changes have been made and installation is completed.
7. 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, contractor used, sand supplier (if applicable), and 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.).

**Professionally Engineered Onsite Wastewater Treatment System (OWTS) Design Checklist**

Please provide two to three pages (a Property Overview page a Design/Profile page, and Notes page, if necessary) or an Engineering Report showing all of the following information. ALL requested information that is applicable must be provided before approval will be granted. 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 written approval 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 Overview Page**

- JD/GP completed and attached (if applicable)
- Property dimensions and property lines
- Location of the dwelling
- General slope of the lot
- Property layout (buildings, roads, driveways, etc.)
- Water wells or drinking water supplies within 200 feet of the proposed OWTS
- Proposed location of the OWTS including the location the discharge will drain
- Any rights of way or easements on the property
- Any buried lines that may interfere with system construction (i.e. gas lines, water lines, underground cable, etc.)
- Include a North Arrow
- Locate any streams, ponds, lakes, gullies, etc.
- Soil Profile/Type
- Location of cleanouts

**Design/Profile Page**

- Septic tank(s) brand, size and type of outlet filter
- Slope of all pipe components in the system, including line from house to tank, tank to D-box and all distribution lines and drains (include profile views)
- Distribution box location and type
- Secondary Treatment Component **sizing calculations** (can be on "Design" or "Notes" page)
- Secondary Treatment Component Type and Dimensions (i.e. length and width of sand filter, number and length of trenches, final discharge, stone bed)
- Schedule 40/80 Pipe locations including Capped Vents, Capped Inspection Ports, House to Tank, Tank to D-box

**Notes**

- List of relevant separation distances (i.e. Wells, property lines, stream/wetlands, dwellings)
- Sump pumps must be excluded from the septic system. Water softeners should be excluded, air gapped or installed with a check valve.
- All wastewater drain lines (laundry, utility sinks, etc.) must be connected to the main sewer and septic tank. Confirmation of connections must be included in final certification letter.



SECTION A: Parcel Information

Name of Applicant(s):
Type of Ownership: Commercial Private Industrial Other
Physical Address:
Town/City/Village: Tax Map Number (SBL):
Source of Water Supply: Municipal (Public) Private If private, give type and depth:
Additional Comments:

SECTION B: Wastewater Collection and Treatment

Collection System: New Works Additions / Alterations
Treatment/Disposal: New Works Additions / Alterations
Type of Waste: Sewage Industrial (specify) Commercial (specify) Other (specify)

SECTION C: Treatment Works

Water Consumption: Present Average (GPD): Projected Average (GPD):
Treatment Works: Present Average (GPD): Projected Average (GPD):
Design Equivalent Population (BOD): Design Flow (GPD):
Design Year: SPEDES Required (1000+GPD): Yes No
Septic Tank(s) Description (Size/Brand/Filter): Tank 1: Tank 2: Filter:
Pump Tank Description (Size/Brand): Dosing Volume: Alarm Location:
Grease Trap Required: Yes (Size/Brand/Filter): No
D-Box Type/Number of Outlets: Speed Levelers Used: Yes No
Secondary Treatment: Sand Filter Absorption bed/trench Cut and Fill GSF (type)
Other (type)
Secondary Absorption: Bed (Dimensions) x Trenches (Qty.) x (Length)
Other
Estimated Cost of Construction:

SECTION D: Receiving Works/System Discharge

Number, Character, and Distance of any Buildings Affected By Treatment Works:
Point of Discharge: Surface Water (Name of Watercourse): Class
Ground Water (Name of Watercourse): Class
Describe the soil at site, give design basis and observed soil percolation rate data (Property Overview Page):
Depth to Groundwater: Specific Waiver Application (DOH-4346) Required: Yes No

\*Indicate on U.S.G.S. topographic map (Property Overview Page) the exact location of all wells / other water supply sources within 200' of the proposed works. Include all relevant separation distances (Appendix 75-A, Wastewater Treatment Standards, Table 2).\*

SECTION E: Design Engineer

Name of Design Engineer: Phone:
Mailing Address: New York State License No.



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ALL APPLICATIONS must be accompanied by plans, specifications, and a completed CCHD PE OWTS 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, NYS Design Standards for Intermediate Sized Wastewater Treatment Systems (2014), or Residential Onsite Wastewater Treatment Systems Design Handbook (2012) must be explained in detail and, when applicable, include Specific Waiver Application DOH-4346\*\*\**

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## 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 + 2.75% Transaction Fee: \_\_\_\_\_