



Water Sewage Survey Application (property transfer)

<https://chautauquacountyny.gov/environmental-health/water-sewage-survey>

Environmental Health Division

EHU@chqgov.com ♦ (716) 753-4798

To Whom It May Concern:

In accordance with the Sanitary Code of the Chautauqua County Health District, no person shall transfer to any other person, nor accept from any other person, the transfer of the title to any property, unless and until the Public Health Director shall have examined and issued certification for any individual water supply and wastewater treatment system serving such property. The following situations are exempt from this requirement:

- Transfers going into tax foreclosure action, and transfers to a bank in connection with a bank foreclosure;
- Transfers in connection with a partition action under Article 9 of the Real Property Actions and Proceedings Law;
- Transfers by operation of law, such as intestate or testamentary succession;
- Transfer of owner-occupied single family residences between members of an immediate family. Immediate family members include spouses, children, parents, siblings, and their spouses.
- Transfers made to a former spouse as part of a divorce proceeding; and
- Transfers of undeveloped properties with no facilities for water service, sewage or wastewater treatment.

If a property falls under one of the above listed exemptions, an Exemption Form must be submitted to this office or you will be contacted for failing to comply with the Sanitary Code property transfer inspection requirement. Please contact our office directly for the Exemption Form or visit our website (see above).

If a property is transferred in Chautauqua County without certification from Chautauqua County Health Department (CCHD), such transfer will be a violation of the Sanitary Code by both the seller and the purchaser, for which each party may be brought before the County Board of Health and a fine of \$2,000 may be imposed on each party. Regular fees for the inspections are listed below:

WATER SUPPLY (2 samples) & SEWAGE / WASTEWATER TREATMENT SYSTEM inspections	\$350
WATER SUPPLY ONLY inspection (2 samples)	\$175
SEWAGE / WASTEWATER TREATMENT SYSTEM ONLY inspection	\$175

If the wastewater treatment system was not installed with a CCHD permit or if it was installed with a permit more than 30 years ago, the inspection process requires ALL system components (septic tanks, treatment tanks, holding tanks, distribution box, seepage pits) to be uncovered for inspection. This must be coordinated with a septic tank pumper so the tank can be thoroughly inspected. If you do not have information about your wastewater treatment system CCHD may have information on file. Please contact our office at 716-753-4798 to inquire.

Common issues that can delay standard WSS inspections and approval are:

- 1. Occupancy:** Wastewater treatment systems can only be evaluated when the structure has been occupied continuously for at least 30 days prior to, and 7 days following, the date of inspection. If the property is only used seasonally, the structure must be occupied at least 6 days within the 60 days prior to the dye test / inspection.
- 2. Weather:** Dye tests to inspect wastewater treatment systems will not be completed December 1st - April 1st. Freezing temperatures and snow cover complicate wastewater treatment system inspections such that staff cannot adequately evaluate systems to ensure they are functioning as designed.
- 3. All wastewater drain lines (laundry, utility sinks, etc.) must be connected to the main sewer and septic tank.** Plumbing changes must be made at least 30 days before inspection.
- 4. Water softener discharge should be excluded from the septic tank. All groundwater, including sump pumps, must be excluded from the septic tank.**

Please note, once CCHD staff identify a failing wastewater treatment system, all measures or corrections required to allow the system to pass inspection will be required even if the property does not transfer.

WATER SEWAGE SURVEY INSPECTION PROCESS FLOW CHART

Responsibilities of Property Owner (typically seller)	Responsibilities of Chautauqua County Health Department (CCHD) staff
<p>1. Complete application to the best of your knowledge (sections A - J). Contact CCHD with questions or to request information about your wastewater treatment system.</p>	<p>→ CCHD may have septic information on file. CCHD does not have water supply records, new water wells are permitted by NYSDEC.</p>
<p>2. Submit the completed application and fee. Submit the most recent septic tank pump receipt if available.</p> <p>Review pages 1, 7, and 8 of the application; these explain the inspection process and include details to help you prepare for the inspection.</p>	<p>→ Clerical Staff will review and process the application. Please allow at least 5 days for processing.</p>
<p>3. Wait for CCHD staff to contact you to schedule inspections.</p>	<p>→ Wait times for scheduled appointments may vary due to seasonal challenges and staff availability. Appointments may be scheduled up to a month out during the busy summer season.</p>
<p>4. Record date of scheduled inspection and arrange for the contact person (or responsible person of at least 18 years of age) to be physically present at the inspection.</p>	<p>→ CCHD staff will conduct system inspections for water and/or sewage and document any violations. Documentation will be sent to all listed parties regarding violations noted at the time of inspection.</p>
<p>5. Correct any violations that were identified at the inspection. Call CCHD if your contractor has questions about specific requirements.</p>	<p>→ Inspector will clarify specifics or provide further guidance if requested.</p> <p>If corrections are not required, CCHD will issue approval and copy parties listed on the application.</p>
<p>6. Call to schedule re-inspection.</p>	<p>→ Inspector will verify that corrections were completed and meet standards. CCHD staff will email (unless otherwise indicated) passing letters to all listed parties. Please allow two weeks to receive written correspondence.</p>

If you have additional questions, please contact CCHD staff at EHU@chqgov.com or (716) 753-4798. Answers may also be available on the Chautauqua County Health Department website at <https://chautauquacountyny.gov/environmental-health/water-sewage-survey>



Water Sewage Survey Application

** Header section for CCHD office use only **

WSS # _____

Date Rec'd _____

Fee Rec'd _____

Receipt # _____

SECTION A: Parcel Information

Physical Address: _____

Town: _____ Tax Map Number (SBL): _____

Number of Wells on Property _____ Number of Wastewater Treatments Systems on Property _____

Year Round Seasonal Commercial Use (# of employees) _____ Occupied? Yes No

Party Responsible for water/wastewater repairs: Seller Buyer Preferred Septic Pumper (if needed): _____

Additional Comments: _____

SECTION B: Seller/Owner Information

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Attorney: _____ Attorney Fax: _____

Attorney Email: _____ Attorney Phone: _____

SECTION C: Purchaser Information

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Attorney: _____ Attorney Fax: _____

Attorney Email: _____ Attorney Phone: _____

Has a purchase agreement for the transfer of this property been signed? YES NO

SECTION D: Contact Person for Inspections (an adult must be present for inspections)

Name: _____

Email: _____

Daytime Phone: _____

SECTION E: Additional Copies of Correspondence (email only)

Name/Company: _____ Name/Company: _____

Email: _____ Email: _____

SECTION F: Structure Information (check all that apply)

- Bedrooms (list #) _____ Washing Machine Hookup Garbage Disposal Spa tub connected to septic
 Basement Crawlspace No access under structure to verify plumbing

SECTION G: Sewage/Wastewater Treatment System Information Public/Municipal Private

If the wastewater treatment is currently in failure, or you have reason to believe the system will not pass (undersized tank, sewage to surface, etc.), you may choose to forgo testing and replace the system rather than pay to inspect the system. Please note that all sewage / wastewater discharge violations must be corrected whether or not the property transfers.

I plan to forego wastewater system testing and will install and operate a new wastewater treatment system in accordance with regulations in the Sanitary Code of the Chautauqua County Health District. I understand system construction must not occur before a permit is issued and that new systems must be inspected by CCHD staff before final approval will be given: YES NO

Is there a permitted wastewater treatment system? (Permit # if known) _____

Wastewater System Type: Sandfilter Stonebed Seepage Pit Tile in Fill Tile Lines Aeration/ETU

Number & Size of Septic Tank(s) _____ **Pump Tank?** YES NO **Gravel Box?** YES NO

Have tanks been pumped within the last 3 years? YES NO Pump receipt included with this application? YES NO

Please note that an appointment cannot be scheduled until 30 days of occupancy after the septic tank has been pumped.

Aeration / ETU Systems must have a current service contract in place, if an agreement is not in place, one must be obtained before an approval letter will be issued.

List last Aeration/ETU service date _____ Company _____

SECTION H: Water Supply Information Public/Municipal Private

If well construction does not meet NYS standards (see attached sheet) a sample will NOT be collected until corrections are completed. If you are unsure, submit a photo of the well casing to EHU@chqgov.com

WELL TYPE: Drilled Driven Dug Buried Other Source (pond, spring, lake) _____

Is well located on property being sold? YES NO Location of well(s): _____

Well serves more than (1) structure? YES NO

Do ALL well casings have a sanitary seal cap? YES NO

TREATMENT: None Chlorinator Ultraviolet Light Softener Other _____

Filtration: Sediment Filter Activated Carbon Filter Filter Size _____

Water Treatment System Service Company (if applicable): _____

SECTION I: Fee Determination

Number of wells (in use) _____ x \$175 = _____

Mail to: Chautauqua County Health Department

Attn: Environmental Health Division

7 N Erie St

Mayville, NY 14757

Number of Wastewater

Treatment Systems _____ x \$175 = _____

Credit Card Transaction Slip Enclosed or

Check/Money Order Payable to Chautauqua County Director of Finance

Total: _____

Email to: EHU@chqgov.com

SECTION J: Authorization & Signature

I hereby authorize the Chautauqua County Health Department to enter the premises to inspect and evaluate the water supply and wastewater treatment system(s) for the parcel transfer. I acknowledge that CCHD makes no guarantees with respect to the existing systems and the owner may be held responsible for any corrections of these system found during the inspections.

Signature (Owner, Attorney, Executor of Estate)

Print Name

Date

Water Sewage Survey Application Instructions

(property transfer inspections)

EHU@chqgov.com ♦ (716) 753-4798

Complete ALL sections of the application and attach the requested documentation if available; incomplete applications will delay our ability to schedule inspections. If you have questions about this application or the process, please refer to the cover sheet and workflow chart or contact the office at (716) 753-4798. Payment for the Water Sewage Survey Inspections must be made in full at the time of application. Inspections will not be scheduled until complete and accurate payment is received.

SECTION A: Parcel Information

Enter location information for the parcel being transferred. Indicate the number of wells, the number of wastewater treatment systems, and add a check mark to indicate the occupancy use of the structure being sold. Wastewater treatment systems must be tested in accordance with the occupancy in which they are designed to be used. Therefore, structures with year around occupancy must be lived in for thirty (30) consecutive days BEFORE testing **and** seven consecutive days AFTER testing. Seasonal occupancy requires the structure be lived in for six (6) out of the last sixty (60) days BEFORE testing.

SECTION B: Seller/Owner Information

Enter all owner contact information in the spaces provided. Include an email address when possible, email is the fastest way for our office to share letters related to the progress of the inspection.

SECTION B: Purchaser Information

Provide the purchaser's contact information. Include an email address when possible, email is the fastest way for our office to share letters related to the progress of the inspection.

If you do NOT have a signed purchase agreement at the time of application, please select the correct box.

SECTION D: Contact Person for Inspections

Identify the person CCHD staff should contact to schedule the inspections.

NOTE: A responsible adult at least 18 years of age, must be present for the entire inspection for liability reasons. If a real estate agent is acting on behalf of the property owner, please list their name or list the name of any other responsible adult that can be present for these inspections.

SECTION E: Additional Copies of Correspondence (for email distribution only)

Indicate any additional parties involved with the sale who will need copies of the inspection report (ex. attorneys, real estate agents, etc.). You must provide an email address for each additional party. If email addresses are not provided the inspection reports cannot be sent.

SECTION F: Structure Information

Answer specific questions pertaining to the structure.

SECTION G: Sewage/Wastewater Treatment System Information

Provide information on the wastewater treatment system serving the structure that will be transferred. Please answer all questions to best of your ability. *Wastewater treatment system dye test inspections are only conducted between April 1st and November 30th due to winter weather complications that make it difficult to accurately evaluate wastewater treatment systems.*

If CCHD did not issue a permit for the existing treatment system when it was installed OR if the existing system is over 30 years old, ALL system components will need to be located and evaluated by CCHD staff. All septic tanks, aeration / ETU tanks, pump tanks, distribution boxes, seepage pits, etc. must be located, with their lids accessible, prior to CCHD staff arrival for the inspection. Tanks will need to be evaluated while they are full and empty so a septic tank pumper will need to be onsite for this inspection. CCHD staff will work with you to coordinate one of the pumpers who participates in these inspections to be onsite for the inspection.

SECTION H: Water Supply Information

Provide information on the water supply for the structure. **If the existing well or water supply does not meet current CCHD standards, corrections must be made before CCHD staff will collect a water sample.** Private water supply standards for property transfers are included for your reference.

Wells on the property that are NOT used as a potable water supply do not need the sanitary sealed cap. However all wells do require a cap that will protect the water table.

SECTION I: Fee Determination

Determine the fee total that must be submitted with the completed application. If you are questions because the property has multiple wells or wastewater treatment systems, please contact the office at (716) 753-4798.

The inspection fee for the water supply includes two (2) bacteriological samples. If more than two (2) water samples are necessary, each additional sample will include a charge of \$50.

SECTION J: Authorization & Signature

Sign and date the application. The application can be signed by owner, owner's spouse or a representative of the owner (ex. attorney, power of attorney, or executor of estate). Applications will NOT be processed unless the appropriate signature is included.

WHAT HAPPENS NEXT

- 1) Once your completed application with payment is received, please allow at least five (5) business days for processing.
- 2) A representative from CCHD will contact the person identified in Section D to schedule the inspections.
- 3) Depending on the time of year and the availability of CCHD inspectors, appointment wait times may vary considerably.
- 4) CCDH inspectors may identify water supply and/or wastewater treatment system issues that need to be corrected. These corrections must be completed before CCHD will issue an approval letter.
- 5) Written results may take up to an additional 1-2 weeks after proof of corrections have been received or verified. Once completed, CCHD may honor inspection results for 6 months unless CCHD has reason to believe there have been changes in the design or use of the previously approved water supply and wastewater treatment systems.

CCHD strongly recommends Water Sewage Survey applications be submitted at least sixty (60) days before an expected closing date to avoid delays / complications with the parcel transfer.

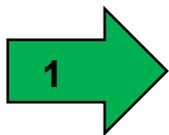
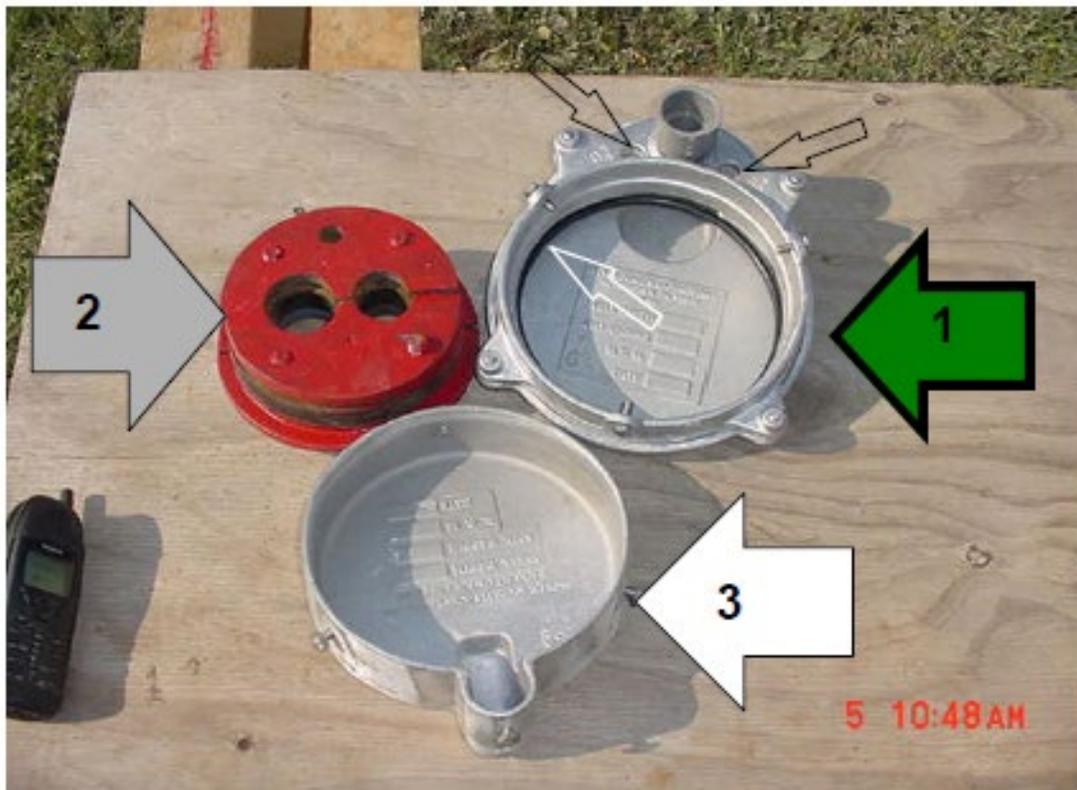
CCHD Drinking Water Supply Construction Standards for Property Transfers

All private drinking water supplies must be constructed to meet the following CCHD standards. CCHD staff will not collect a water sample if the water supply does not meet these standards.

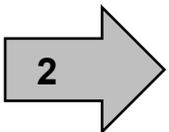
- 1) Casing for existing drilled wells must extend above ground far enough to protect the well from runoff contamination (minimum 6 inches for wells in areas with good drainage).
- 2) All wells connected to a structure that are used as potable water or share plumbing lines with potable water supplies must have an approved watertight sanitary seal well cap. Hydrants and hand pumps will be considered on a case by case basis.
- 3) Electric wires for a submersible pumps must be enclosed in conduit that is threaded into the well cap with a watertight connection. If existing electric wires enter through the side of the casing, wires must be enclosed in conduit with a watertight seal where the conduit enters the casing.
- 4) Wells that are protected in a basement, garage, or other solid structure will be evaluated individually; split caps may be acceptable in these situations.
- 5) Wells in pits may be acceptable if the pit structure is solid, dry, and the casing extends above the pit floor far enough to prevent contamination (minimum 6 inches). High watermarks inside a pit indicate seasonal differences in pit drainage issues and may be cited as reason to raise the wellhead.
- 6) If a wellhead must be raised, it must be raised to 18 inches above grade.
 - a. Well casing must be extended using the same material as the original casing. Steel casing must be welded together. Fernco couplers are not allowed.
 - b. Electric wires must enter the well through conduit that is threaded into the well cap, not through the side of the well casing.
- 7) Buried wellheads may be acceptable if an initial bacteriological water sample, collected by CCHD staff, indicates the water to be satisfactory. If the initial sample is unsatisfactory then the internal plumbing may be disinfected following the procedures outlined in the well disinfection instructions. If sample results continue to indicate unsatisfactory water and the wellhead cannot be located and extended 18 inches above grade to attempt disinfection, then particle filtration and permanent disinfection will be required.
- 8) Small diameter (1½ to 2 inch) driven wells pose unique circumstances and will be evaluated on a case by case basis.
- 9) Shallow dug wells are influenced by surface water and must have particle filtration (with a pore size of 1 micron absolute) and permanent disinfection treatment. Well casings and water collection tanks will be evaluated on a case by case basis.
- 10) The ground surface around wellheads must be mounded and sloped away from the well such that standing water or depressions do not exist around the wellhead.
- 11) Shrubs, bushes, gardens, and trees should not be planted around wellheads.
- 12) If discharge waste from water treatment components cannot be discharged to an alternative drainage location and the discharge must be connected to the wastewater treatment system, an air gap and trap is required to prevent possible backflow contamination should wastewater back up. A backflow prevention check valve is also acceptable.

If permanent disinfection is installed, construction must meet the standards described in Chautauqua County permanent disinfection system requirement worksheets which are available online or upon request. CCHD Water Staff may be reached at 716-753-4481 should you have any questions.

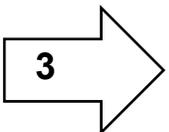
Typical Examples of Small Diameter Well Caps



Proper cap “Sanitary Seal Cap” – This cap is provided with the required *sanitary seal* (see *rubber gasket* noted by *small white outlined arrow*) and *down-facing, screened well vent(s)* (noted above by *black outlined arrows*). The screen should be 24-mesh, structurally sound, corrosion resistant, and hydraulically efficient. This cap or similar is required for all new wells and as a replacement cap. All attachments (e.g. conduit) must be sealed and in good condition to prevent insect or other intrusion.



Split Cap (no new construction) – Formerly used indoors or in other special situations with additional provisions. Must have additional cover (additional cap or within enclosure – protected from elements) – and down facing well vent with screen. These caps are subject to additional problems and should be replaced with newer models indicated above. These will not be allowed in new construction according to Appendix 5-B standards.



Improper Cap – Very common and least expensive – not allowed in regulated systems. These must be replaced even if no observed problems are noted.

NYSDOH standards may prevent use of certain caps in new and/or existing situations. Check with Chautauqua County Health Department for acceptable caps before installing or replacing caps.

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: _____