



CHAUTAUQUA COUNTY  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH – ENVIRONMENTAL HEALTH UNIT

PAUL M. WENDEL JR.  
*County Executive*

CHRISTINE SCHUYLER  
*Director of Health & Human Services*  
*(Commissioner of Social Services/Public Health Director)*

**RE: Water Sewage Survey (WSS) Application**

To Whom It May Concern:

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 individual wastewater treatment system serving such property. The operation of this section shall not be applicable to the following:

- Transfers in a 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, and also include children, parents, siblings, and their spouses. This exemption does not apply in cases where a real property transfer inspection is requested by a lending agency;
- Transfers made to a former spouse as part of a divorce proceeding; and
- Transfers of undeveloped properties with no facilities for water service, sewage disposal or wastewater disposal.

If a property is transferred in Chautauqua County without certification from CCDHHS, 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 which may subject each party to imposition of a penalty of up to \$2,000. Additionally, all measures or corrections necessary to enable a failed system to pass inspection will be required.

The standard WSS inspection includes examining the water supply system, collecting a water sample for bacteriological analysis and observing the wastewater treatment system area and conducting a dye test. Surveys should be requested *before* sales contracts or closing dates have been set. To request a WSS, complete the attached application and submit it with the fee payment to Chautauqua County Environmental Health Unit. The form **must be completed and signed** by the property owner or their legal representative (i.e. attorney, executor, or power-of-attorney) before the survey will be scheduled. Applications signed by a realtor **will not** be processed and will be returned for the proper signature before the survey will be scheduled. Inspection fees are as follows:

**WATER SUPPLY (2 samples) & SEWAGE / WASTEWATER TREATMENT SYSTEM inspections - \$300**  
**WATER SUPPLY ONLY inspection (2 samples) - \$150**  
**SEWAGE / WASTEWATER TREATMENT SYSTEM ONLY inspection - \$150**

**WATER SUPPLY INSPECTION**

**Well construction must meet CCDHHS standards as outlined on the attached sheet before a water sample will be collected.** If samples indicate unsatisfactory bacteriological quality that cannot be remedied by disinfection of the water supply system, permanent disinfection must be installed or a new satisfactory source of water must be developed to obtain CCDHHS approval. If permanent disinfection is

installed, construction must meet the standards described in Chautauqua County permanent disinfection system requirement worksheets, available online or upon request. Water is tested for bacteria only, and not for other parameters, which may be considered detrimental to water quality such as iron, salt, or sulfur.

### **SEWAGE / WASTEWATER TREATMENT SYSTEM INSPECTION**

As of 2021 any wastewater treatment system with a single tank that is less than 750 gallons will prompt an automatic failure of the system. Tank size will be confirmed with installation records or previous pump-out receipts. It is the applicant's responsibility to submit tank pump-out receipts which include the full tank volume of the system. A more intense inspection will be required if

1. The tank size is unknown,
2. The wastewater treatment system was installed without a permit from Chautauqua County, or
3. The wastewater treatment system was installed with a permit from Chautauqua County more than 30 years prior to the date the WSS application was submitted.

The more intense inspection will follow New York Onsite Wastewater Training Network, Inc. (OTN) standards and require any and all septic tanks, treatment units, holding tanks, pump stations, distribution boxes, and seepage pits be uncovered by the property owner and observed by a Chautauqua County Environmental Health Unit Sanitarian. All septic tanks, treatment units or holding tanks must be pumped out in the presence of a Sanitarian so volume and structural integrity may be evaluated. The filtration and/or absorption area must be evaluated by a Sanitarian using visual observation, dye testing, and probing prior to approval of the treatment system. Chautauqua County Health District Sanitary Code requires any wastewater treatment system found in significant non-compliance to be upgraded to meet Appendix 75-A Wastewater Treatment Standards set forth in the New York State Sanitary Code.

**Any violations observed in either a standard WSS or an OTN inspection will need to be addressed and corrected before CCDHHS approval will be issued.** If inadequately treated sewage / wastewater (laundry, sink, bath, septic tank effluent, etc.) is discharging to the ground surface or into any body of water (creeks, streams, lakes, etc.) the wastewater system will be considered in violation of the Chautauqua County Health District Sanitary Code. **Sewage / wastewater discharge violations must be corrected whether or not the property transfer takes place.**

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

1. **Occupancy:** Wastewater treatment systems can only be evaluated when the dwelling has been occupied continuously for at least 30 days prior to, and 7 days following, the date of inspection. If the property is a seasonal use residence, the dwelling must be occupied at least 6 days within the 60 days prior to the dye test / inspection.
2. **Weather:** Freezing temperatures and snow cover delay wastewater treatment system inspections.
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. **Tank size unknown / pump-out receipts not provided: The last pump-out receipt, with total tank volume, must be submitted regardless of how old the receipt is. Receipts will be used to document tank volume.** Septic tanks, treatment units, and holding tanks must have been pumped by a NYSDEC-licensed waste hauler within the last 3 years (from date applications are received by CCDHHS) and **at least 30 days prior** to a wastewater treatment system inspection.

Water sewage survey results are typically honored by CCDHHS for a period of six (6) months provided certain conditions are satisfied. The results of the survey are not to be construed as a guarantee or an approval of the physical facilities inasmuch as all OWTS components may not have been uncovered for inspection. Should you have any questions regarding this survey, contact the office at (716)753-4798. For additional information, please visit our website at

<https://chggov.com/environmental-health/water-and-sewage>.

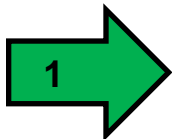
## CCDHHS Drinking Water Well Construction Standards for Property Transfers

In order to be approved during a property transfer in which a water-sewage survey is required, all drinking water wells must be constructed to meet the following CCDHHS standards. CCDHHS Environmental Health staff will NOT collect a water sample if the well does not meet these standards.

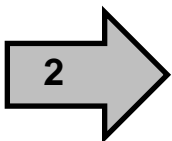
- 1) Casing for existing drilled wells must extend above ground far enough to protect the well from runoff contamination (minimum 6" for wells with good drainage around them) and it must be fitted with an approved watertight well cap (refer to #6). Well extensions must be made using the same material as the original casing. Steel well casing must be welded together, Fernco couplers are not allowed.
- 2) All wells that are in pits must be extended above ground 18".
  - a. The floor and/or walls of pits must allow water to drain before they are backfilled. Pit walls should be eliminated if at all possible.
  - b. Material used to backfill depressions and pits must consist of low permeability soil such as grey or brown silt/clay. Topsoil or washed stone must not be used (topsoil can be used to cap the top 2-4" only to grow grass). Sand and gravel can only be used if it is mixed with silt/clay to reduce its permeability.
  - c. Electric wires must enter the well through conduit that is threaded into the well cap, not through the side of the well casing.
  - d. **The well must be disinfected twice over a two week period** following the improvements before a sample can be collected.
- 3) Buried Wellheads - An initial water sample will be collected to assess water quality. Depending on individual circumstances, the well may be approved if the sample passes. If the sample fails then the well must be located, uncovered and the casing extended above ground 18".
- 4) The ground surface around well heads must be mounded and sloped away from the well. There can be no standing water or depressions around a well head.
- 5) Shrubs, bushes, gardens and trees should not be planted around well heads.
- 6) **All wells** must have an approved watertight well cap; these "**sanitary seal**" well caps can be purchased locally from IRR Supply in Jamestown and Fredonia, from local drillers, or online if you know the well casing size. See the attached description page for an explanation of the different types of well caps. Split type caps are allowed in limited situations (e.g. wells in basements).
- 7) Electric wires that lead to a submersible pump must be enclosed in conduit that is threaded into the well cap having a watertight connection. If electric wires enter through a hole in the side of the casing, it must be enclosed in conduit having a watertight seal where it enters the casing.
- 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 do not meet Health District standards unless they have appropriate treatment.** At a minimum they require particle filtration and permanent disinfection. These will be evaluated on a case-by-case basis.

***If permanent disinfection is installed, construction must meet the standards described in Chautauqua County permanent disinfection system requirement worksheets, available online or upon request. Contact CCDHHS Water Staff at 716-753-4481 if you have any questions.***

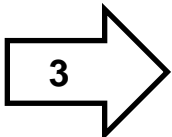
## Typical Examples of Small Diameter Well Caps



**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 Health Department for acceptable caps before installation or replacement.

OFFICE USE	WSS# _____
	Date Rec'd _____
	Fee Rec'd _____
	Receipt # _____

## **WATER SEWAGE SURVEY APPLICATION**

### **PROPERTY INFORMATION**

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

Street Address: \_\_\_\_\_

Facility Use:  Seasonally or  Year around

### **SELLER INFORMATION**

Owner: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Owner's Email: \_\_\_\_\_ Ph#: \_\_\_\_\_

Owner's Attorney: \_\_\_\_\_ Ph#: \_\_\_\_\_ Fax #: \_\_\_\_\_

Attorney's Email: \_\_\_\_\_

Who is current occupant? \_\_\_\_\_

Dwelling occupied continuously for the past 30 days? \_\_\_\_\_

Seasonal dwelling occupied within the last 60 days? \_\_\_\_\_

Who should be contacted for appointment? \_\_\_\_\_ Ph#: \_\_\_\_\_

### **BUYER INFORMATION** (*parties indicated below are authorized to receive a copy of the survey results*):

Buyer: \_\_\_\_\_ Ph#: \_\_\_\_\_

Buyer's Attorney: \_\_\_\_\_ Ph#: \_\_\_\_\_ Fax #: \_\_\_\_\_

Attorney's Email: \_\_\_\_\_

Other parties to receive a copy of survey results: \_\_\_\_\_

Notes: \_\_\_\_\_

The CCDHHS Environmental Health Unit is hereby authorized to enter named premises to inspect and evaluate the water supply and wastewater treatment systems and to map the location of the well, spring, or intake. I understand that the water is tested for bacteria only and not for other parameters which may be considered detrimental to water quality or health such as iron, sulfur, salt, lead or nitrates. I have not had the septic tank(s) pumped for 30 days prior to this application or altered the wastewater system in any way. I understand that if the wastewater system is in violation, correction must be made even if the property is not transferred. I understand that a CCDHHS permit is required for any construction, corrections, or alterations to a wastewater system. I authorize the information gathered from this survey to be released to any parties indicated above. I understand that CCDHHS makes no guarantees with respect to the water supply or wastewater systems and that no special relationship is created by the County's performance of these tests. The information provided is truthful and accurate to the best of my knowledge.

### **AUTHORIZING SIGNATURE**

(*must be OWNER, OWNER'S ATTORNEY, or EXECUTOR OF ESTATE*)

### **Water sewage survey status letters will be faxed to listed attorneys.**

*Seller requests letters also be*  Emailed  Mailed

**RETURN COMPLETED FORM** to the Mayville Office via mail, fax, or online submission. Application fee must be received before appointments will be scheduled. Checks made payable to Chautauqua County Director of Finance.

Chautauqua County Department of Health & Human Services  
Environmental Health Services  
7 North Erie St.  
Mayville, NY 14757

Phone: (716)753-4798  
Fax: (716)753-4344  
E-mail: [cchealth@chqgov.com](mailto:cchealth@chqgov.com)

**COMPLETE ENTIRE FORM** – *Incomplete applications will take longer to schedule.*

**DWELLING INFORMATION:** # of Bedrooms \_\_\_\_\_

Is there:  Washing machine hook-up  Garbage disposal  Dishwasher  Hot tub /Spa  
 Basement  Crawlspace  No access under dwelling/facility to check plumbing connections

**SEWAGE / WASTEWATER TREATMENT SYSTEM:**  Public / Municipal or  Private

**SEPTIC TANK SIZE(S) must be submitted** with the application. Tank size may be recorded on a Chautauqua County permitted system’s installation documentation or on a pump receipt. The applicant is responsible for submitting pump receipts. *If there is no record of the system and no recent evidence of tank volume the system components must be uncovered for inspection by the Chautauqua County Environmental Health Unit.*

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

Was a pump receipt included with this application?  YES  NO

Number / Size of septic tanks \_\_\_\_\_ Is there a gravel box? \_\_\_\_\_

**SYSTEM TYPE:**  Leach Lines  Seepage Pit  Sand Filter  Tile in Fill  Aeration/ETU

Are sump pumps, foundation drains, and water softener backwash excluded from the system? (*If not, explain*) \_\_\_\_\_

**ANY / ALL WASTEWATER LINES** (*utility sinks, laundry discharge, etc.*) *must be connected to the main sewer and septic tank. PLUMBING CHANGES must be completed THIRTY (30) DAYS PRIOR TO INSPECTION.*

**AERATION UNITS / ENHANCED TREATMENT UNITS** must have a current service contract. If there is not a current contract, one must be obtained before an approval letter will be issued.

Last Aeration Unit / ETU service date? \_\_\_\_\_ Serviced by? \_\_\_\_\_

Current Aeration Unit / ETU service contract with (company name): \_\_\_\_\_

**WATER SUPPLY INFORMATION:**  Public / Municipal Source or  Private Source

**If well construction does not meet NYS standards (see well standards sheet) a sample will not be collected until corrections are completed.** If you are unsure, submit a photo of the well casing.

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

Is the well located on the parcel being sold?  YES  NO

Does the well serve more than one (1) dwelling / facility?  YES  NO

Do well casings have a sanitary seal (*see well standards sheet*)?  YES  NO

*PLEASE NOTE: Wells that are no longer used for drinking water must also have a sanitary seal cap.*

**TREATMENT:**  None  Chlorinator  Ultraviolet Light  Softener  Other \_\_\_\_\_

Is there a filter?  Sediment Filter  Activated Carbon Filter Filter Size? \_\_\_\_\_

## 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: \_\_\_\_\_