



# Water Sewage Survey Application

for property transfer inspections  
Environmental Health Division (716) 753-4798

## 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 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 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.

<b>WATER SUPPLY (2 samples) &amp; SEWAGE / WASTEWATER TREATMENT SYSTEM inspections</b>	<b>\$350</b>
<b>WATER SUPPLY ONLY inspection (2 samples)</b>	<b>\$175</b>
<b>SEWAGE / WASTEWATER TREATMENT SYSTEM ONLY inspection</b>	<b>\$175</b>

**Any violations observed in either a standard WSS or an OTN inspection will need to be addressed and corrected before CCHD 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. No dye tests are performed December 1<sup>st</sup> to April 1<sup>st</sup> of each year. Please plan accordingly.
- 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.





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

## SECTION A: Parcel Information

Physical Address: \_\_\_\_\_  
Town: \_\_\_\_\_ Tax Map Number (SBL): \_\_\_\_\_  
Number of Wells (in use) \_\_\_\_\_ Number of Wastewater Treatments Systems (in use) \_\_\_\_\_  
Year Round  Seasonal  Occupied ? Yes  No  Commercial Use  No. of employees? \_\_\_\_\_  
Additional Comments: \_\_\_\_\_

## SECTION B: Seller/Owner Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Attorney: \_\_\_\_\_ Attorney Fax: \_\_\_\_\_  
Attorney Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## SECTION C: Purchaser Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Attorney: \_\_\_\_\_ Attorney Fax: \_\_\_\_\_  
Attorney Email: \_\_\_\_\_ Attorney Phone: \_\_\_\_\_

Check here if a purchase agreement has NOT been signed at the time of application submission

## SECTION D: Contact Person for Inspections (a person 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: Dwelling Information

Number of Bedrooms: \_\_\_\_\_ Washing Machine Hookup \_\_\_\_\_ Hot tub \_\_\_\_\_ Garbage Disposal \_\_\_\_\_  
Basement  Crawlspace  No access under dwelling/facility to verify plumbing

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

**PLEASE NOTE:** If there is NO record of the system OR the system record is OVER 30 years old, this Department requires ALL system components (septic tanks, treatment tanks, holding tanks, distribution box, seepage pits) be uncovered for inspection. This must be coordinated with a septic pumper for pumping and tank inspection. Please contact our office at 716-753-4798 for system record information.

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

Pump Receipt included with this application? YES  NO

Number & Size of Septic Tank(s) \_\_\_\_\_ Gravel Box? YES  NO

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

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

**Water Softener discharge is recommended to be excluded from the septic tank.**

**AERATION/ETU Treatment Units** must have a current service contract in place, if there is not one in place, one must be obtained before an approval letter will be issued

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](mailto:ehu@chqgov.com)

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

Is well located on property being sold? YES  NO       Serve more than (1) dwelling/facility? 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 \_\_\_\_\_

**SECTION I: Fee Determination**

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

Number of Wastewater

Treatment Systems \_\_\_\_\_ x \$175 = \_\_\_\_\_

Total: \_\_\_\_\_

**Mail to:**

Chautauqua County Health Department

Attn: Environmental Health Division

7 N Erie St

Mayville, NY 14757

**Credit Card Transaction Slip Enclosed -or-**

**Make Check/Money Order Payable to:**

Chautauqua County Director of Finance

**Email to:** [ehu@chqgov.com](mailto: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 the 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

for property transfer inspections  
Environmental Health Division (716) 753-4798

Please complete ALL sections of this application and attach the requested documentation if available. Submitting an incomplete application may delay your inspections.

NOTE: Payment for the Water and Sewage Survey Inspections must be made in FULL at the time of application. If payment is NOT received with your application, or you submit the incorrect amount with your application, it will not be processed until full payment is received.

If you have any questions on how to complete this application or the process, please contact our office at (716) 753-4798.

### SECTION A: Parcel Information

Use this section to enter the location information of the parcel being transferred. Please indicate the number of wells and the number of wastewater treatment systems and check mark the occupancy use of the parcel being sold.

### SECTION B: Seller/Owner Information

Use this section to enter all owner contact information in the spaces provided. Please include an email address when at all possible, as this is our preferred method of transmission.

### SECTION B: Purchaser Information

Use this section to provide the purchaser's contact information. Please provide an email address if at all possible, as this is our preferred method of transmission.

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

### SECTION D: Contact Person for Inspections

Use this section to identify the person we should contact to schedule the inspections.

**NOTE: A responsible adult (18 yrs old or older) must be present for the entire inspection for liability reasons. If you cannot be present for the inspection, please list your real estate agent or another responsible adult that can be present for these inspections.**

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

Use this section to indicate any additional parties involved (ex. Attorneys, realtors, officers, etc.) with the sale who will need copies of the inspection report.

You must provide an email address for each additional party. If no email is provided, no report will be sent.

### SECTION F: Dwelling Information

Use this section to answer specific questions pertaining to your house by selecting the appropriate boxes indicated.

## SECTION G: Sewage/Wastewater Treatment System Information

Use this section to provide information on the wastewater treatment system serving the dwelling being transferred. Please answer all questions to best of your ability.

If NO information is known about the existing treatment system OR the existing system is over 30 years old, ALL system components will need to be located and the lids excavated prior the Chautauqua County Environmental Health Department's arrival for the inspection and a septic pumper will need to be coordinated to be onsite for this inspection.

**This department conducts all wastewater treatment system dye inspections between April 1<sup>st</sup> and November 30<sup>th</sup> each year, please plan accordingly.**

## SECTION H: Water Supply Information

Use this section to provide information on the water source(s) serving the dwelling/facility being transferred.

**NOTE: If the existing well does not meet current NYS standard, corrections will need to be made prior to a water sample being taken.**

## SECTION I: Fee Determination

Use this section to determine what your fee total will be for the inspections needed for the parcel being transferred.

**NOTE: The inspection fee for the water well includes (2) samples. If additional samples are necessary, an additional fee will be imposed separately.**

## SECTION J: Authorization & Signature

Sign and date your application in this section.

This 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 5 days for processing.
- 2) A representative from the Health Department will contact the person identified in Section D to schedule the inspections.
- 3) Depending on the season and the availability of Sanitarians, the wait times for an appointment may vary considerably.
- 4) If issues are identified with your water and/or wastewater treatment systems during the inspections, corrections may be required.
- 5) Written results may take up to an additional 1-2 weeks, after all outstanding issues have been resolved. Once completed, Inspection results are valid for 6 months.

**We strongly recommend that you apply for your property transfer inspections at least 30 days in advance to avoid delays/complications with your parcel transfer.**

## CCHD Drinking Water Well Construction Standards for Property Transfers

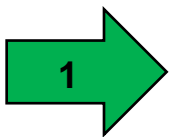
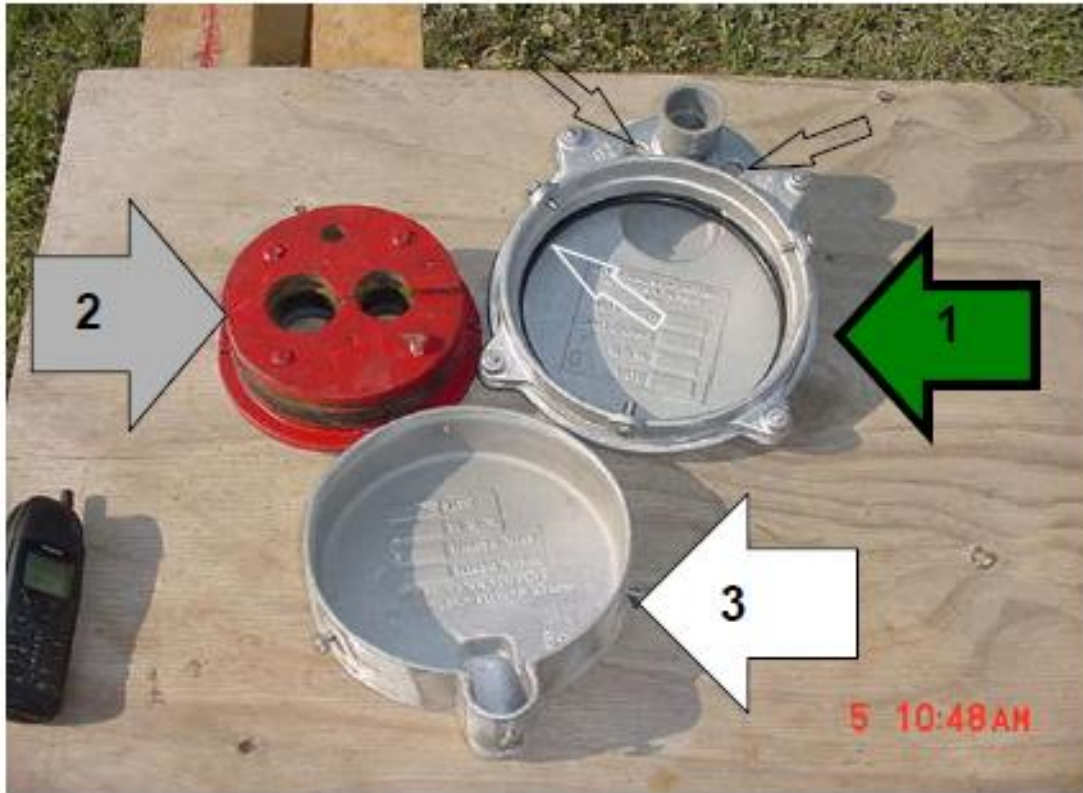
**In order to be approved during a property transfer in which a water-sewage survey is required, all drinking water wells must be constructed to meet the following CCHD standards. CCHD Environmental Health staff will NOT collect a water sample if the well does not meet these standards.**

- 1) Casing for existing drilled wells must extend above ground far enough to protect the well from runoff contamination (minimum 6 inches for wells in areas with good drainage).
- 2) All wells connected to a dwelling / facility 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 pump must be enclosed in conduit that is threaded into the well cap with a watertight connection. If 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 water sample is 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 OWTS, an air gap and trap is required to prevent possible backflow contamination should wastewater back up. A back flow prevention check valve is also acceptable.

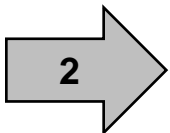
***If permanent disinfection is installed, construction must meet the standards described in Chautauqua County permanent disinfection system requirement worksheets, available online or upon request. Contact CCHD Water Staff at 716-753-4481 if you have any questions.***



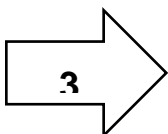
# Typical Examples of Small Diameter Well Caps



**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.**



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