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

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 (wells must be least 50 feet from septic tanks and 100 feet from other wastewater treatment system components; 200 ft in course gravel or if the well is down gradient from absorption bed). If public water is available the building lot must be at least 15,000 square feet. Building lots must include usable space; features such as 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 so laundry, utility sinks, etc. must be connected to the main sewer and septic tank. Onsite wastewater treatment system (OWTS) components and discharges must be a minimum of 10 feet from property lines.

Enclosed you will find an application for an OWTS permit along with reference materials that should be used when preparing the OWTS design. We recommend you hire a contractor to perform percolation tests, design an OWTS system, obtain the proper permit and install the system according to the plan. Chautauqua County Health Department (CCHD) staff will review the submitted design to ensure that it meets New York State regulations. A list of contractors working in Chautauqua County is enclosed; these contractors are familiar with New York State regulations and the requirements of the Chautauqua County Environmental Health Division.

Please complete the application, record the site plan and percolation test information on the appropriate pages and submit the entire application, along with fee payment, to our Mayville office for processing. Checks must be made payable to the Chautauqua County Director of Finance. If you would like to pay by credit card, there will be a 2.5% transaction fee. You may also submit applications electronically to ehu@chqgov.com.

As of JANUARY 1, 2023 PERMIT FEES are as follows:

Correction or Replacement of existing OWTS	**$250**
Newly constructed OWTS	**$250**
Septic tank replacement only	**$100**
Distribution box (*d-box*) replacement only	**$100**
OWTS permit extension	**$50**

A representative of CCHD must meet the contractor or the party responsible for designing / installing the OWTS at the property to review the design plan before a permit will be issued. Please contact the office to schedule an appointment for this essential step in the process. Once issued, OWTS permits are valid for one (1) year.

Please contact our office at (716)753-4481 with any questions or concerns regarding onsite wastewater treatment system permits.

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

CHAUTAUQUA COUNTY HEALTH DEPARTMENT

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In applying for this permit, I understand the following:

☐ OWTS design depends on factors including the number of bedrooms, facility use, and property specifics such as:

- size and shape
- topography
- ability to meet NYS required offset distances
- water table levels
- soil characteristics

☐ The location of my well / water source, surrounding wells / water sources, and OWTS components will be documented; the information may be used by the Environmental Health Division for future developments on surrounding properties.

☐ All OWTSs have limitations. The life expectancy of an OWTS depends on use and maintenance. Life expectancy may be extended by utilizing water conservation measures, installing water efficient appliances, and eliminating garbage disposal units and dishwashers. Groundwater, cooling water, and surface water from streets, foundations, and roofs must be excluded from the OWTS.

☐ Should my system fail I am responsible for notifying the Environmental Health Division for a permit to make repairs so public health nuisances and hazards may be prevented.

☐ If I sell my property a water sewage survey must be completed in accordance with the Sanitary Code of the Chautauqua County Health District.

Under the provisions of Article IV, Section 4 of the Sanitary Code of the Chautauqua County Health District, application to install or correct an Onsite Wastewater Treatment System (OWTS) is made by:

Property Tax ID # (Section-Block-Lot #) _____

 # Bedrooms: _____ **Town / Village:** _____

Property Address: _____

Commercial Property ☐ **NO** ☐ **YES, describe business:** _____

Reason: ☐ **New OWTS** ☐ **Correction** ☐ **Correction** due to Water Sewage Survey

☐ **Septic Tank Replacement Only** ☐ **Distribution Box Replacement Only**

☐ **Other:** _____

I have read, understood, and agree to the above conditions under which my permit is to be issued. I agree to install and operate the onsite wastewater treatment system (OWTS) in accordance with regulations in the Sanitary Code of the Chautauqua County Health District. **I understand that OWTS construction must not occur before a permit is issued and that after installation the system must not be put into service until it is inspected by a representative of the Chautauqua County Health Department - Environmental Health Division.**

Property Owner Name (printed)	Contractor Name (printed)
Property Owner Signature	Contractor Signature
Mailing Address	Mailing Address
Phone Number	Phone Number
Email Address	Email Address

**** CCHD OFFICE USE **** Date Rec'd _____ Fee/Receipt # _____

PERMIT # _____ Date Issued _____

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Onsite Wastewater Treatment System (OWTS) Design Checklist

***** ALL THINGS TO BE DISCUSSED / CONFIRMED WITH CCHD INSPECTOR *****

Please provide a straight lined drawing using a template or straight edge showing the following information. ALL requested information that is applicable must be provided before a permit will be issued. 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 a permit 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 dimensions and property lines.
- ☐ Include a North Arrow.
- ☐ Location of the dwelling.
- ☐ Locate any streams, ponds, lakes, gullies, etc.
- ☐ General slope of the lot.
- ☐ Property layout (buildings, roads, driveways, etc.)
- ☐ Water wells or drinking water supplies within 200 feet of the proposed OWTS.
- ☐ Any buried lines that may interfere with system construction (i.e. gas lines, water lines, underground electric cable, etc.).
- ☐ All wastewater drain lines (laundry, utility sinks, etc.) must be connected to the main sewer and septic tank.
- ☐ Sump pumps must be excluded from the septic system. Water softeners must be excluded, air gapped or installed with a check valve.
- ☐ 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 (cleanouts required every 75 feet between the house outlet and tank).
- ☐ 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.
- ☐ Distribution box (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.
- ☐ Component Dimensions (i.e. length and width of sand filter, final discharge, stone bed).

Designed By: _____ Date: _____

***** CCHD OFFICE USE *****

CCHD Reviewer: _____ Date: _____

Type of Permit: ☐ PSD ☐ PSN ☐ PA ☐ Other: _____

Comments: _____

_____

_____

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Onsite Wastewater Treatment System (OWTS) Design / Plan Drawing

This is a permanent record, please be neat. Provide all information listed below.

Owner _____ SBL _____ Contractor _____

Address _____ Town/Village _____

******* Changes to permitted plans requires approval from ENV Health or permit may be voided. *******

Type of system _____

Bedrooms _____ Size of bed _____

Sand filter discharge size _____

SCH 40 House to tank (1/4"/ft) dist. _____

Tank to D-box (1/8"/ft) dist. _____

Sand filter to final absorp.(1/16"/ft.) dist. _____

OWTS components to property line dist. _____

OWTS components to own well dist. _____

to neighbor's well dist. _____

Septic tank brand _____

Tank size(s): #1 _____ #2 _____

Outlet filter type _____

Graywater connected? _____

Sump pump / water softener excluded? _____

Date SITE INVESTIGATION Completed: _____

ENV Health Rep: _____

Final Grade/Seeding Done By: _____

_____

North arrow _____ Slope of land _____

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Onsite Wastewater Treatment System (OWTS) – Percolation Test and Soil Characteristics

This is a permanent record, please be neat. Provide all information listed below.

Date _____ SBL _____ Test by _____

Weather / Comments _____

CCHD Rep _____ Date _____ Percolation Rate _____

#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

To complete information below: Dig a 5 foot test hole in the middle of the proposed field area; side walls must be clearly visible to the full depth. Use the chart below to record significant changes in soil characteristics and the depth where they occur.

Description of Topsoil: _____

Depth of Topsoil: _____

Description of Subsoil: _____

Depth of Subsoil: _____

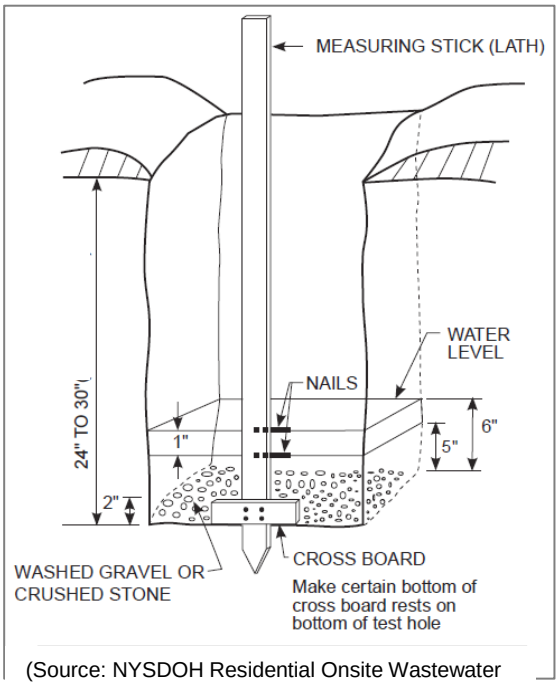
Depth High Groundwater Evidence: _____

Depth Groundwater Seeped in: _____

Depth to Bedrock: _____

LOCATING AND PREPARING PERCOLATION TEST HOLES

1. Locate the proposed field area and stake out the probable corners. The field area must be located more than 100 feet from any water well and surface water.
2. The proposed field area should be divided into four quadrants with a percolation test performed in each quadrant. A minimum of four (4) test holes, 20 feet apart, are required in the proposed field area.
3. Tests should also be run downhill of the proposed field area. Two (2) tests should be performed 10 – 20 feet below the bottom edge of the field. Site and OWTS system specifics may require additional tests.
4. Dig a hole with vertical sides approximately 12 inches wide and 24 – 30 inches below grade or, if shallower or deeper OWTSs are planned, dig holes to the projected depth of the trenches. If dense clay, shale, or ground water is encountered, run tests at shallower depth and indicate depth on chart. A reputable OWTS contractor should be contacted for assistance.
5. Scrape the sides of holes and remove loose soil from the bottom. Place 2 inches of gravel or crushed stone in the bottom of holes.
6. **PRESOAK** and saturate the holes the day before the test is run by periodically filling the holes with water and allowing water to seep away. For safety, cover test holes with boards.



(Source: NYSDOH Residential Onsite Wastewater Treatment Systems Design Handbook p. 105)

RUNNING PERCOLATION TESTS

1. Pour 6 inches of water into the hole and mark the time on the attached sheet.
2. Observe and record the time in minutes that it takes the water level to drop from 6 inches to 5 inches deep.
3. Add more water to bring the water depth back to 6 inches and repeat step #2.
4. A minimum of 5 tests are requested in each test hole. The process should reveal successive tests that show approximately equal lengths of time for the water depth to drop 1 inch. This time is the percolation rate.
5. For safety, cover test holes with boards. *Do not backfill the test holes.* A CCHD representative must observe the holes at the site visit to evaluate OWTS design.

PERCOLATION TESTS RESULTS

After a percolation rate has been determined for each hole, consult the System Size Chart to determine the size of stones beds or trenches recommended for the standard OWTS. Use the slowest percolation rate observed. Once the contractor has designed a plan for the system ***a field consultation with a representative of CCHD is required***. After completing the percolation tests and establishing the soil profile, send your application materials and the filing fee to the Mayville office. You will be contacted for a site investigation appointment.

EVALUATING SOIL CHARACTERISTICS

A five (5) foot hole is required to evaluate soil characteristics. The hole should be dug in the middle of the proposed tile field area; the width must allow easy observation of side walls to the full depth. Use the "Soil Characteristics" charts to record significant changes in soil characteristics and the depth at which they occur along with the depth at which groundwater is observed.

Sand Filter Systems are used on lots with poor drainage, little topsoil, and clay subsoils. The lot should have at least 4.5 feet of slope throughout the system area. A two compartment 1500 gallon septic tank with an outlet filter is required. See **Minimum Septic Tank Capacities** Table at bottom of page for tank size requirements. Sand filter systems can have 2 tanks in series that meet the minimum capacity, but if tanks are used in series 2/3 of the total tank volume must be in the first tank (i.e. 1st = 1,000 gallon, 2nd = 500 gallon). A distribution box is required.

SAND FILTER SIZE & CONSTRUCTION SPECIFICATIONS

STONE OVER SAND	APPROVED SAND	PEA-STONE UNDER SAND	STONE on BOTTOM
3/4 - 1 1/2 " Washed Stone 8" over sand	**24" Approved Grade A Sand**	**1/8-1/4 " Stone 3" minimum**	**3/4 - 1 1/2 " Washed Stone**

Bedrooms	Width (ft)	Length (ft)	Area (sq. feet)	Top Lines	Under Lines	Length of 2 foot wide Absorption Trench (ft)	Stone Bed (sq. feet)
two	12	25	300	4	1	80	200
three	12	35	420	4	1	120	300
four	12	45	540	4	1	160	400
four	15	36	540	5	2	160	400
five	12	55	660	4	1	200	500
five	15	44	660	5	2	200	500
six	15	52	780	5	2	250	600
six	20	39	780	6	2	250	600

MINIMUM SEPTIC TANK CAPACITIES

Number of Bedrooms	Subsurface Systems	Sand Filters *
2 or 3	1000 Gallons	1500 Gallons
4	1250 Gallons	1500 Gallons
5	1500 Gallons	1500 Gallons
6	1750 Gallons	2000 Gallons

NOTES:

- Tank size requirements for more than six bedrooms is calculated by adding 250 gallons and seven square feet of surface area for each additional bedroom.
- A garbage grinder is equivalent to an additional bedroom for determining tank size.
- A hot tub / spa is equivalent to an additional bedroom for determining tank size.

Standard Subsurface Tile Fields are used on lots with good drainage and gentle slopes. See **Minimum Septic Tank Capacities** Table (next page) for tank size requirements. An outlet filter on the septic tank and a distribution box are required. Tile lines are 24 inches wide trenches of equal length with perforated pipe in washed stone. The trench is dug level, and the pipe is laid at 1/32 inch/foot drop.

Required Length of Absorption Trench for Corrections (*see notes*)

Percolation Rate	2 Bedrooms		3 Bedrooms		4 Bedrooms		5 Bedrooms		6 Bedrooms	
Water Fixtures	**Low Flow**	**High Flow**	**Low Flow**	**High Flow**	**Low Flow**	**High Flow**	**Low Flow**	**High Flow**	**Low Flow**	**High Flow**
1-5 Min./Inch	92	125	138	187	184	250	230	312	275	374
6-7 Min./Inch	110	150	165	225	220	300	275	375	330	450
8-10 Min./Inch	123	167	184	250	245	333	306	417	367	500
11-15 Min./Inch	138	188	207	281	275	375	344	469	413	563
16-20 Min./Inch	158	214	236	321	315	429	393	536	472	643
21-30 Min./Inch	184	250	275	375	367	500	459	625	550	750
31-45 Min./Inch	220	300	330	450	440	600	550	750	660	900
46-60 Min./Inch	245	333	367	500	489	667	612	833	734	1000*****
				Dosing or alternate design required.						
				***** Greater than 1,000 feet of trench requires Alternate Dosing.						

Leaching Stone Beds are used on lots with good percolating soils but are limited by topography or area. See **Minimum Septic Tank Capacities** Table next page for tank size requirements. An outlet filter on the septic tank, a distribution box, and equal length perforated pipes laid level on 12" of washed stone and connected at the ends are required. *Leaching stone beds will only be allowed to correct an existing system, not for brand new OWTS construction.*

Required Square Footage of Stone Beds (*see notes*)

Percolation Rate	2 Bedrooms		3 Bedrooms		4 Bedrooms		5 Bedrooms		6 Bedrooms	
Water Fixtures	**Low Flow**	**High Flow**	**Low Flow**	**High Flow**	**Low Flow**	**High Flow**	**Low Flow**	**High Flow**	**Low Flow**	**High Flow**
1-5 Min./Inch	250	300	350	475	475	625	600	800	700	950
6-10 Min./Inch	325	425	475	650	650	850	800	1100	950	1300
11-15 Min./Inch	375	500	550	750	750	1000	925	1250	1100	1500
16-20 Min./Inch	400	550	600	800	800	1100	1000	1400	1200	1600
21-30 Min./Inch	500	650	750	1000	1000	1300	1225	1700	1500	2000
						Pressure manifold required.				
						Pumping will be required.				

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:_____