

CHAUTAUQUA COUNTY DEPARTMENT OF HEALTH

To Whom It May Concern:

Any party selling or offering for sale a residence which is not connected to a municipal water and/or sewer system should be aware of the County Health Department's "water-sewage survey." The survey is not mandatory, but is performed as a service for property owners.

The survey usually involves dye testing the sewage disposal system and/or collecting a water sample for bacteriological analysis. If any inadequately treated wastewater (laundry, sink, bath or septic tank wastewater) is found discharging to the ground surface or into any body of water such as creek, stream, lake, etc., the sewage disposal system will be considered in violation of the Chautauqua County Sanitary Code. The Health Department must insist that the sewage discharge be corrected whether or not the property transfer takes place. In many cases these corrections may be difficult and expensive. If water samples indicate unsatisfactory bacteriological quality that cannot be remedied by disinfection of the water system, a hypochlorinator or other acceptable means of disinfection will have to be installed or a new satisfactory source of water developed in order to obtain the approval of this Department.

If a property transfer is involved, it is suggested that this water-sewage survey be requested before any sales contracts or closing dates have been set. The need to correct a sewage violation can cause significant delays as time is necessary to select a reputable contractor, process an application, issue a permit, construct the system, and make final inspection. Also, system deficiencies may require disinfection and possible installation of a disinfection system. If you are interested in water quality parameter other than bacteria, you may wish to contact a private certified laboratory.

To make a request for a water-sewage survey, complete the attached application and forward it to the appropriate district office along with a check made payable to the Chautauqua County Department of Finance. This form **must** be completed and signed by the homeowner or his legal representative, (i.e., attorney, executor, or power-of-attorney) before a representative of the Health Department will conduct the survey. Applications signed by the buyer of the property or a realtor **will not** be processed and will be returned for the proper signature before the survey will be conducted. Our fees are as follows:

1. Sewage disposal system inspection (with or without water inspection) - \$260.00
2. Water supply inspection only (includes sample) - \$35.00
3. Sewage disposal system reinspection (if a more recent approval is needed and it has been less than 6 months since the original inspection) - \$35.00

Please note that the sewage disposal system cannot be checked unless the dwelling has been occupied continuously for at least 30 days prior to, and 7 days following, the date of inspection. Conditions such as snow cover may also delay inspection. Three things that often lead to quicker approval are:

1. Disinfecting the water system at least 1 week before inspection (follow enclosed instructions). **All** chlorine must be out of the water system at the time of sampling.
2. Making sure that all wastewater drain lines are connected to the main house sewer and septic tank. Any plumbing changes must be made at least 30 days before inspection.
3. Making sure the septic tank is not pumped out within 30 days of this application.

The results of the survey are not to be construed as guarantee or an approval of the physical facilities inasmuch as all components are not uncovered for inspection.

Should you have any questions regarding this survey, contact any of the Health Department offices listed below.

Dunkirk Office - 366-8831

Jamestown Office - 661-8110

Mayville Office - 753-4481

**CHAUTAUQUA COUNTY DEPARTMENT OF HEALTH
WATER SEWAGE SURVEY REQUEST FORM**

W.O. # _____

Date Rec'd _____

Fee Rec'd _____

SELLER'S INFORMATION:

Owner: _____ Address: _____ Phone: _____

Owner's attorney: _____ Phone: _____ Fax: _____

Attorney's address: _____

Who is current occupant? _____ Since: _____

Who should be contacted for appointment? _____ Phone: _____

Has the dwelling been occupied continuously for the past 30 days? _____ # of occupants: _____

PROPERTY INFORMATION:

Town: _____ Street address: _____

Tax map number: Section: _____ Block: _____ Lot(s): _____

Travel directions (**BE SPECIFIC**): _____

BUYER'S INFORMATION: (BY COMPLETING THIS SECTION YOU ARE AUTHORIZING THAT THE PARTIES INDICATED BELOW RECEIVE A COPY OF THE SURVEY RESULTS)

Buyer's last name: _____

Buyer's attorney: _____ Phone: _____ Fax: _____

Indicate any other party entitled to receive a copy of the results of this survey: _____

Please include any other pertinent information: _____

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

AUTHORIZING SIGNATURE (MUST BE OWNER, OWNER'S ATTORNEY, OR EXECUTOR OF ESTATE)

RETURN THIS FORM TO THE APPROPRIATE OFFICE

Dunkirk Office
1170 Central Avenue
D&F Plaza
Dunkirk, NY 14048-3424
Tele: 366-8831; Fax: 366-5567

Jamestown Office
110 East 4th Street
South Office County Bldg.
Jamestown, NY 14701
Tele: 661-8110; Fax: 661-8101

Mayville Office
7 North Erie Street
Hall R. Clothier
Mayville, NY 14757
Tele: 753-4481; Fax: 753-4344

Arkwright (T) Pomfret (T)
Charlotte (T) Sheridan (T)
Cherry Creek (T/V) Sinclairville (V)
Dunkirk (T) Villenova (T)

Busti (T) Kiantone (T)
Carroll (T) North Harmony (T)
Ellicott (T) Panama (V)
Ellington (T) Poland (T)

Cassadaga(V) Portland (T)
Chautauqua (T) Ripley (T)
Clymer (T) Sherman (T)
Ellery (T) Stockton (T)

COMPLETE ENTIRE FORMGerry (T)
Harmony (T)

Jamestown (C)

French Creek (T)
Mina (T)Westfield (T)
W.O. # _____**ADDITIONAL PROPERTY INFORMATION:**

Previous owner(s): _____

Was there an earlier water-sewage survey inspection? _____ When? _____

Type of dwelling: House _____ Mobile Home _____ Seasonal _____

Number of bedrooms _____ Number of bathrooms _____ Is there a basement? _____

Washing machine _____ Garbage disposal _____ Dishwasher _____

SEWAGE DISPOSAL SYSTEM INFORMATION:

When was system installed? _____

Who owned the property? _____

Health Department Permit number _____ Number of septic tanks _____ Sizes of tanks _____

Date the tanks were last pumped _____ Who pumped the tanks? _____

Type of system: Leach Lines _____ Seepage Pit _____ Sand filter _____ Aeration _____ Tile in fill _____

Has the gravel box or Zabel filter been cleaned? _____ When? _____

Date the aeration unit was last serviced? _____ Who serviced the system? _____

Is the aeration system presently under a service contract? _____

Are the sump pump, foundation drain, and/or water softener backwash excluded from the system? _____

If no explain _____

Is there a failure or discharge of septic water from the septic system? _____

**ALL WASTE LINES MUST BE CONNECTED TO THE MAIN SEWER AND SEPTIC TANK.
ANY PLUMBING CHANGES MUST BE COMPLETED THIRTY (30) DAYS PRIOR TO THE INSPECTION.****WATER SUPPLY INFORMATION:****Source:** Public _____ Private _____ **Well Type:** Drilled _____ Driven _____ Dug _____

Other (Spring, pond, lake) _____

Treatment: None _____ Chlorinator _____ Ultraviolet Light _____ Softener _____ Sediment filter _____

Activated carbon filter _____ Other: _____

Date the well was last disinfected _____ Has well ever been tested? _____

Distance from septic tank/aeration unit _____

Distance from leach field/sand filter/seepage pit _____

