



CHAUTAUQUA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF ENVIRONMENTAL HEALTH SERVICES

VINCENT W. HORRIGAN
County Executive

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

RE: Professionally Engineered Onsite Wastewater Treatment System Permit and Plan Review Application

Dear Property Owner / Professional Engineer,

The Sanitary Code of Chautauqua County Health District requires that professionally engineered design plans (i.e. plans that have been stamped by a NYS licensed professional engineer) for Onsite Wastewater Treatment Systems (OWTSs) be reviewed and approved by the Chautauqua County Department of Health and Human Services (CCDHHS) – Division of Environmental Health Services before they are installed and utilized. The Sanitary Code requires that a new building lot be at least 40,000 square feet to keep water wells at least 50 feet from septic tanks and 100 feet from the other OWTS components.

Please find the enclosed CCDHHS application for a Professionally Engineered OWTS Permit and Plan Review. A procedure flow chart has been included for your convenience. Complete and return the enclosed permit application form to the Mayville office along with a check payable to the “Chautauqua County Director of Finance” and the stamped OWTS design plans.

Preliminary Design plans may be submitted:

- 1) In digital form and emailed to the CCDHHS Engineer Paul Snyder at snyderp@co.chautauqua.ny.us
- 2) As hard copies and mailed directly to the Mayville office.
Chautauqua County Department of Health and Human Services
Division of Environmental Health Services c/o Paul Snyder, P.E.
7 North Erie St.
Mayville, NY 14757

As of January 1, 2016 Professionally Engineered OWTS Permit fees will be as follows:

Cost of Project >\$100,000.....	\$250. ⁰⁰
Cost of Project \$10,000 - \$100,000.....	\$150. ⁰⁰
Cost of Project <\$10,000.....	\$ 75. ⁰⁰

If you have any questions or comments regarding OWTS permits, please feel free to contact our office at 716-753-4798.

Sincerely,

Environmental Health Services
Chautauqua County Department of Health and Human Services

CCDHHS Procedure Flow Chart for Professionally Engineered OWTSs

1. CCDHHS staff determines that site conditions warrant engineered plans for a new Onsite Wastewater Treatment System (OWTS). CCDHHS advises property owner(s) that their hired Professional Engineer will need to submit a Professionally Engineered OWTS Permit and Plan Review Application.

OR

Property owners are aware they need engineered plans and initiate the procedure without CCDHHS guidance.

2. Property owner hires an engineer to design an OWTS. Local engineers should be aware of the CCDHHS Professionally Engineered OWTS Permit and Plan Review Application so they may advise property owners who have not yet involved CCDHHS.
3. The consulting engineer draws up an OWTS design plan and fills out the required information on the CCDHHS permit application. The permit application, appropriate fee, and a digital or hard copy of the OWTS design plan should be submitted to CCDHHS. The application, fee, and hard copies of the plans can be mailed to the Mayville office. Digital applications and design plans should be emailed to the CCDHHS Engineer Paul Snyder at "snyderp@co.chautauqua.ny.us".

As of January 1, 2016 Engineer Designed OWTS Permit fees will be as follows:

Cost of Project >\$100,000.....	\$250. ⁰⁰
Cost of Project \$10,000 - \$100,000.....	\$150. ⁰⁰
Cost of Project <\$10,000.....	\$ 75. ⁰⁰

4. CCDHHS Engineer reviews and approves the OWTS design plan and notifies the property owner and consulting engineer in writing that the OWTS plans are approved and can be installed per design plan.
5. The OWTS is constructed and inspected by a NYS professional engineer. If any changes are needed to the design plan, the CCDHHS Engineer must be notified and approve the changes before installation is completed.
6. Once the OWTS is installed, the consulting engineer sends a certification letter to CCDHHS with installation information including the date the system was installed and an as-built design drawing if any changes were made to the original design. A digital copy of the design drawings must be submitted to the CCDHHS Engineer via email or in the mail on a removable digital storage device (i.e. cd, flash drive, etc.).

**Chautauqua County Department of Health and Human Services-Division of Environmental Health Services
Professionally Engineered Onsite Wastewater Treatment System Permit and Plan Review Application**

NAME OF APPLICANT		LOCATION OF WORKS		ENTITY OF AREA SERVED	
TYPE of OWNERSHIP: <input type="checkbox"/> Municipal <input type="checkbox"/> Commercial <input type="checkbox"/> Private-Home <input type="checkbox"/> Board of Education <input type="checkbox"/> State <input type="checkbox"/> Industrial <input type="checkbox"/> Sewage Works Corp. <input type="checkbox"/> Private-Other <input type="checkbox"/> Authority <input type="checkbox"/> Interstate <input type="checkbox"/> Private-Institutional <input type="checkbox"/> Federal <input type="checkbox"/> International					
TYPE and NATURE of CONSTRUCTION:		<u>Collection System</u>		<u>Treatment and/or Disposal</u>	
		<input type="checkbox"/> New Works <input type="checkbox"/> Additions / Alterations		<input type="checkbox"/> New <input type="checkbox"/> Additions or Alterations	
ESTIMATED COST OF CONSTRUCTION:					
TYPE of WASTE: <input type="checkbox"/> Sewage <input type="checkbox"/> Industrial (specify) <input type="checkbox"/> Other (specify)					
NAME of RECEIVING TREATMENT WORKS:		POINT of DISCHARGE:			
		Surface Water (Name of Watercourse)		Class	
		Ground Water (Name of Watercourse to which groundwater is tributary)		Class	
Name of Design Engineer				New York State License No.	
Address of Design Engineer				Telephone No.	
<u>WATER CONSUMPTION (GDP)</u>					
Present		Future		Design Year	
<u>POPULATION SERVED</u>					
Present		Future		Design Year	
<u>AVERAGE DAILY FLOW for NEW or EXISTING TREATMENT WORKS (GDP)</u>					
Present		Future		Design Year	
SOURCE of WATER SUPPLY (if private; give location type, depth, character of soil):			DESIGN EQUIVALENT POPULATION (BOD basis):		
			Design Flow	GPD	Design Plan Efficiency (%)
GIVE NUMBER, CHARACTER and DISTANCE of any BUILDINGS WHICH MAY BE AFFECTED by the PROPOSED TREATMENT WORKS:				DESCRIBE PROPOSED or EXISTING STORM WATER DISPOSAL:	

ADDITIONAL INFORMATION MUST BE SUBMITTED FOR PRIVATE AND INSTITUTIONAL SYSTEMS

Indicate on U.S.G.S. topographic map the exact location of all wells / other water supply sources within 200' of the proposed works. Give description of the sources and character of soil.

State depth below existing ground surface at which ground water is encountered.	Describe soil at the site of proposed works. Give design basis and observed soil percolation rate data (use additional sheet if necessary).
DATE:	

Chautauqua County Department of Health and Human Services-Division of Environmental Health Services
Professionally Engineered Onsite Wastewater Treatment System Permit and Plan Review Application

ALL APPLICATIONS must be accompanied by plans, specifications, and a completed CCDHHS permit application form. The submission must conform to a previously approved engineering report describing the system in detail. The plans must be stamped with the designing engineer's seal. Digital or hard copies of plans must be submitted. There must be a blank area, at least 4" x 7", in the lower right corner of each sheet so that the approval stamp may be placed on the face of plans. Digital copies must be submitted following construction at the time the OWTS is certified.

Any deviation from CCDHHS and NYS standards for wastewater collection and treatment facilities must be explained in detail.

Approved plans are to be returned to (*circle one*): APPLICANT or ENGINEER

If the application is signed by a person other than the applicant, the application must be accompanied by a letter of authorization. Failure to comply with this provision may be grounds for the rejection of any submission.

I hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Signature and Official Title _____

Mailing Address _____

Date of Application _____

Comments and Remarks:

<p><u>FOR CCDHHS—DIVISION OF ENVIRONMENTAL HEALTH SERVICES OFFICE USE ONLY</u></p> <p>RECEIVED: _____</p> <p>REVIEWED & APPROVED: _____</p> <p>ENGINEER / APPLICANT NOTIFIED: _____</p>
