



Professionally Engineered Onsite Wastewater Treatment System Installation Application for Permit

Environmental Health Division (716) 753-4481

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

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 Health Department (CCHD) – Division of Environmental Health 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 CCHD 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 CCHD Engineering Inbox at EngineeringPlans@chqgov.com

2) As hard copies and mailed directly to the Mayville office.
Chautauqua County Health Department
Division of Environmental Health
7 North Erie St.
Mayville, NY 14757

As of January 1, 2023 Professionally Engineered OWTS Permit fees will be as follows:

Cost of Project >\$100,000.....	\$300. ⁰⁰
Cost of Project \$10,000 - \$100,000.....	\$200. ⁰⁰
Cost of Project <\$10,000.....	\$125. ⁰⁰

If you have any questions or comments regarding OWTS permits, please feel free to contact our office at 716-753-4481.

CCHD Procedure Flow Chart for Professionally Engineered OWTSs

1. CCHD staff determines that site conditions warrant engineered plans for a new Onsite Wastewater Treatment System (OWTS). CCHD 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 CCHD guidance.

2. Property owner hires an engineer to design an OWTS. Local engineers should be aware of the CCHD Professionally Engineered OWTS Permit and Plan Review Application so they may advise property owners who have not yet involved CCHD.
3. The consulting engineer draws up an OWTS design plan and fills out the required information on the CCHD permit application. The permit application, appropriate fee, and a digital or hard copy of the OWTS design plan should be submitted to CCHD. 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 CCHD Engineering Inbox at EngineeringPlans@chqgov.com

As of January 1, 2023 Engineer Designed OWTS Permit fees will be as follows:

Cost of Project >\$100,000.....	\$300. ⁰⁰
Cost of Project \$10,000 - \$100,000.....	\$200. ⁰⁰
Cost of Project <\$10,000.....	\$125. ⁰⁰

4. CCHD 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 CCHD 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 CCHD 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 CCHD Engineer via email or in the mail on a removable digital storage device (i.e. cd, flash drive, etc.).

NAME of APPLICANT		LOCATION of WORKS	ENTITY or 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>		ESTIMATED COST of CONSTRUCTION:
	<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	
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) _____	
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:
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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:	

ALL APPLICATIONS must be accompanied by plans, specifications, and a completed CCHD 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 CCHD 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:

FOR CCHD—DIVISION OF ENVIRONMENTAL HEALTH OFFICE USE ONLY

RECEIVED: _____

REVIEWED & APPROVED: _____

ENGINEER / APPLICANT NOTIFIED: _____