



Public Health  
Prevent. Promote. Protect  
Cattaraugus County  
Health Department

# REQUEST FOR INSPECTION OF ONSITE WATER/WASTEWATER UTILITIES

\$ 75.00	_____	Privy Only	\$ 150.00	_____
\$ 75.00	_____	Water Only		Additional Fee for
\$ 175.00	_____	Wastewater Only		HUD Mortgage
\$ 250.00	_____	Water and Sewage		Water Quality Tests

County Use Only	
Date Rec'd	_____
Ck#	_____
From	_____
Fee Rec'd	_____
Rect#	_____

Make check/money order payable to the Cattaraugus County Health Department:

1 Leo Moss Drive, Suite 4010, Olean, New York 14760-1154 Phone (716) 701-3386

200 Erie Street, Little Valley, New York 14755-1120 Phone (716) 938-2474

Owner/Seller: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Purchaser: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Previous Owners: \_\_\_\_\_

Current Occupant: \_\_\_\_\_ Since: \_\_\_\_\_

Person to Contact for Appointment: \_\_\_\_\_ Phone: \_\_\_\_\_

Copies of correspondence to be sent to (name/address/e-mail): **Electronic distribution preferred.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Property: \_\_\_\_\_

Town/Village/City: \_\_\_\_\_

Tax Map No.: \_\_\_\_\_

Type of dwelling: Full-time residence \_\_\_\_\_ Seasonal or part-time residence \_\_\_\_\_

Commercial property \_\_\_\_\_ Number of bedrooms \_\_\_\_\_

Year Built \_\_\_\_\_

If full-time residence, has the home been occupied continuously for the past 30 days? Yes No

If seasonal or part-time, will the residence be occupied full-time? Yes No

**The Cattaraugus County Health Department is hereby authorized to enter named premises to inspect and evaluate the water supply and/or the onsite wastewater treatment systems.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature  
(Owner, Owner's Attorney, Executor of Estate)

**ONSITE WASTEWATER TREATMENT SYSTEM INFORMATION**

When was the system installed? \_\_\_\_\_ Tank Size(s) \_\_\_\_\_

Number of bedrooms? \_\_\_\_\_

Who owned the property when the system was installed? \_\_\_\_\_

Type of system: Leach Lines \_\_\_\_\_ Seepage Pit \_\_\_\_\_ Sand Filter \_\_\_\_\_  
Absorption Bed \_\_\_\_\_ Other \_\_\_\_\_

Are the sump pump/footer drain/ water softener backwash excluded from the system? Yes No

Are ALL waste lines connected to main house sewer and septic tank? Yes No  
If no, explain \_\_\_\_\_

**WATER SUPPLY INFORMATION**

Source: Public \_\_\_\_\_ Private \_\_\_\_\_  
Spring \_\_\_\_\_ Well \_\_\_\_\_  
Location \_\_\_\_\_

Well Type: Drilled \_\_\_\_\_ Dug \_\_\_\_\_ Driven \_\_\_\_\_  
Depth \_\_\_\_\_

Drilled/Driven Well: Diameter of casing \_\_\_\_\_  
Is casing terminated above or below ground? \_\_\_\_\_  
Type of pump \_\_\_\_\_

Treatment: None \_\_\_\_\_ Chlorinator \_\_\_\_\_ Softener \_\_\_\_\_  
Rust & Sediment \_\_\_\_\_ Other \_\_\_\_\_



**For Official Use Only**