



**SECTION A: Owner Information**

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Attorney: \_\_\_\_\_  
 Attorney Email: \_\_\_\_\_ Attorney Phone: \_\_\_\_\_

**SECTION B: Parcel Information**

Physical Address: \_\_\_\_\_  
 Municipality (C/V/T): \_\_\_\_\_ Tax Map Number (SBL): \_\_\_\_\_  
 Number of Buildings with Plumbing:  Number of Wastewater Treatment Systems (in use):   
 Number of Drinking Water Sources (in use):  Number of Privies (Outhouses):

**SECTION C: Purchaser Information**

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Attorney: \_\_\_\_\_  
 Attorney Email: \_\_\_\_\_ Attorney Phone: \_\_\_\_\_

- Check here if a purchase agreement HAS NOT been signed at the time of application
- Check here if this application is for re-financing requirements and the owner of parcel will not change

**SECTION D: Contact Person for Sanitary Inspection**

- Check here if the contact person is the same as the owner listed in Section A

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_

**SECTION E: Additional Copies of Correspondence (for email distribution only)**

Name/Company: _____	Name/Company: _____
Email: _____	Email: _____
Name/Company: _____	Name/Company: _____
Email: _____	Email: _____

**SECTION F: Parcel Inventory**

List each structure on parcel with plumbing below:

Building	Owner-Occupied Residence (Full-Time)	Owner-Occupied Residence (Seasonal)	Rental Unit/ Commercial Property	Other	Occupied Full-Time (for at least 30 consecutive days)	Vacant (or occupied part-time)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check here if there is a seasonal residence listed above which will be occupied full-time after the sale

Please attach a copy of the following documentation with your application if available:

- NYSDEC Well Completion Report (for wells drilled after 2003)
- Onsite wastewater treatment system record/Permit-to-Operate
- Sketch of the parcel showing the location of the water supply and wastewater treatment system (if official documentation is not available)
- Installation & maintenance records for any water treatment systems
- Septic tank pumping records (if pumped within the last two years)

**SECTION G: Fee Determination**

Number of Water Sources (in use)	<input type="text"/>	X \$105	<input type="text"/>
Number of Wastewater Treatment Systems (excluding supplemental greywater systems used for sinks & laundry only)	<input type="text"/>	X \$210	<input type="text"/>
Number of Privies/Outhouses (if there is also a Wastewater Treatment System on the parcel, enter 0)	<input type="text"/>	X \$105	<input type="text"/>
Additional Water Quality Samples Required for HUD/FHA Lending Requirements (Lead, Nitrate, Nitrite, Iron, Manganese, Sodium, Hardness)	<input type="checkbox"/> Yes	+ \$210	<input type="text"/>
Additional Water Quality Samples Required for SONYMA Lending Requirements (Alkalinity, Arsenic, Hardness, Lead, Nitrate, Nitrite, pH, Sodium, Turbidity, Iron, Manganese)	<input type="checkbox"/> Yes	+ \$245	<input type="text"/>
	<b>Total</b>		<input type="text"/>

**Mail to:**  
 Cattaraugus County Health Department  
 Attn: Environmental Health  
 1 Leo Moss Drive, Suite 4010  
 Olean, NY 14760-1154

**Make Check/Money Order Payable to:**  
 Cattaraugus County Health Department

**Credit/Debit Card Payments Accepted In Office or By Phone:**  
 (716) 701-3386

**SECTION H: Authorization & Signature**

**FAILURE TO SIGN OR FULLY COMPLETE THIS APPLICATION MAY CAUSE DELAYS OR PREVENT YOUR SANITARY INSPECTION FROM BEING CONDUCTED.**

"I hereby authorize the Cattaraugus County Health Department to enter the named premises to conduct a Sanitary Inspection of any onsite water supplies and wastewater treatment systems in use on the parcel. Furthermore, I acknowledge that the owner of record may be held responsible for correcting any Sanitary Code violations observed during the inspection."

Owner or Authorized Representative (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION I: FOR OFFICE USE ONLY**

Date Received:  Notes: \_\_\_\_\_

Received From:

Fee Received:

Cash/Check #:

Receipt Number:



## Instructions for Completing The Application

Please complete all sections of this application and attach the requested documentation if available. Submitting an incomplete application may delay your Sanitary Inspection.

*Note: Payment for the Sanitary Inspection must be made in full at the time of application. If payment is not received with your application, or you submit an incorrect amount with your application, it will be placed on hold until the correct fee is received.*

If you have any questions regarding how to complete the application or the Sanitary Inspection process, please contact our office at (716) 701-3386.

### SECTION A: Owner Information

Use this section to enter the parcel owner(s) contact information in the spaces provided. Please include an email address if available. Electronic distribution of Sanitary Inspection reports is preferred.

### SECTION B: Parcel Information

Use this section to enter the location information for the parcel that will be transferred. Please indicate the number of buildings with plumbing, number of water supplies, number of wastewater treatment systems and the number of privies (outhouses) that are included with the sale.

### SECTION C: Purchaser Information

Use this section to provide the purchaser's contact information. Please include an email address if available. Electronic distribution of Sanitary Inspection reports is preferred.

If you do not have a signed purchase agreement at the time of application, please select the appropriate box.

If you are requesting the Sanitary Inspection to meet re-financing requirements and the parcel will not be transferred, please select the appropriate box.

### SECTION D: Contact Person for Sanitary Inspection

Use this section to identify the person we should contact to schedule the Sanitary Inspection.

**IMPORTANT: A responsible adult (18+ years of age) must be present for the entire inspection for liability reasons. If you cannot be present for the inspection, please list your real estate agent or another responsible person so that they can be present for the inspection.**

### SECTION E: Additional Copies of Correspondence (for email distribution only)

Use this section to indicate any additional parties involved with the sale who will need copies of the Sanitary Inspection report (ex. attorneys, realtors, loan officers, etc.).

You must provide an email address for each additional party needing copies of the report. Paper copies will only be mailed to the seller and the purchaser (if email addresses are not provided).

## SECTION F: Parcel Inventory

Use this section to provide information on the parcel that will be transferred.

In the table, please list each structure on the parcel with plumbing and identify what type of building it is. If it is a residence, you must also indicate if it is occupied or vacant.

If there is a seasonal residence on the parcel, *which will be occupied full-time by the purchaser after the parcel is transferred*, please check the appropriate box.

Each structure on the parcel with plumbing must be made available to the inspector during the Sanitary Inspection. If one or more of these structures is an occupied rental property, please notify your tenants that we will need access to their residence in advance.

**Note: In order to conduct a valid inspection of a wastewater treatment system, the residence it serves must have been occupied full-time for 30 consecutive days prior to the inspection, and the ground must be free of snow cover at the time of inspection.**

*These requirements ensure that the system has a “representative load” (meaning that it has seen usage with wastewater flows typical for the building) prior to inspection and that any possible issues with the system will not be obscured by snow cover. If we have reason to believe that your residence has not been occupied full-time at the time of inspection, we reserve the right to delay the wastewater treatment system portion of your Sanitary Inspection until the residence has been occupied by the purchaser for at least 30 days.*

Additionally, please attach each of the requested documents to your application, if you have them. If you do not have official records for your well and wastewater treatment system, please include a sketch of your parcel showing their location and listing any information you know about them (ex. year installed, owner at the time of installation, septic tank size, well depth, etc.).

## SECTION G: Fee Determination

Use this section to determine what your fee for the Sanitary Inspection will be.

Note: Your inspection fee includes one bacteriological water sample, per water source. If your water sample indicates bacterial contamination and follow-up water samples are necessary, they will be billed separately by the laboratory.

## SECTION H: Authorization & Signature

Sign and date your application in this section.

This application may be signed by the parcel owner, owner’s spouse, or an authorized representative of the owner (attorney, realtor, person with power of attorney, or an estate executor/executrix).

## WHAT HAPPENS NEXT?

- 1) Once your completed application and payment is received, please allow 5 business days for processing.
- 2) A representative of the Health Department will contact the person you identified in Section B to schedule an appointment.
- 3) Depending on the season and the number of Sanitary Inspections in progress, the wait times for an appointment vary considerably. Wait times of 1-2 weeks are common.
- 4) If issues are identified with your water supply or wastewater treatment system during the Sanitary Inspection, disinfection of your water supply, additional follow-up water samples, installation of a water disinfection system, investigatory excavation, and/or repairs to/replacement of the wastewater treatment system may be required.
- 5) Written results may take an additional 1-2 weeks, after all outstanding issues have been resolved. Once completed, Sanitary Inspection results are considered valid for six months.

**We strongly recommend that you apply for your Sanitary Inspection at least 30 days in advance to avoid delays/complications with your real property transfer.**