



Public Health
Prevent. Promote. Protect
Cattaraugus County
Health Department

REQUEST FOR INSPECTION OF ONSITE WATER/WASTEWATER UTILITIES

\$ 100.00	_____	Privy Only	\$ 170.00	_____
\$ 100.00	_____	Water Only	Additional Fee for	
\$ 200.00	_____	Wastewater Only	HUD Mortgage	
\$ 300.00	_____	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:

Olean Office - 1 Leo Moss Drive, Suite 4010, Olean, NY 14760-1154 - (716) 701-3386
Little Valley Office - 207 Rock City Street, Suite 201, Little Valley, NY 14755 - (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.**

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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)
(PLEASE COMPLETE NEXT PAGE) Revised Jan-20

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