

**ERIE COUNTY DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH SERVICES**

503 Kensington Ave
Buffalo, New York 14214
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**Guidelines for Submission of Property Transfer
Inspections by Design Professionals**

The purpose of a property transfer inspection is to determine if an onsite wastewater treatment system is in conformity with Article IV, Section 2 of the Erie County Sanitary Code: Exposure of Sewage. This section states that “No person ... shall construct or maintain and/or operate any ... sewage disposal system, pipe or drain so as to expose or discharge the sewage contents ... to the atmosphere, or on the surface of the ground, nor so as to endanger any source of supply of drinking water, nor as to discharge into a water course or body of water ...” Certification also requires that any individual water systems must be free of coliform bacteria and be of sanitary construction.

All homes served by individual wastewater treatment systems must undergo dye testing of their septic systems and receive Property Transfer Certification from the Erie County Department of Health at the time of sale. In general, this testing will occur before the property transfer is completed. However, under some circumstances the Erie County Department of Health may determine that the dye test cannot be reliably conducted prior to property transfer. In these cases the purchaser must apply for a Waiver of Property Transfer Certification and the Department will issue this waiver, allowing the dye testing to be postponed for a time. The following situations will necessitate applications for waivers:

1. The Department will not inspect nor will it accept a dye test for a property that has been conducted when there is snow cover or when the ground is frozen.
2. The Department will not inspect nor will it accept a dye test for a property that has been vacant for over 90 days.
3. The Department will not inspect nor will it accept a dye test for a property that has been vacant fewer than 90 days if either of the following conditions exists:
 - a. The Department does not have a record of the individual wastewater treatment system, or
 - b. The house has an unmetered water supply.

(Note for 3 above: A property transfer dye test may be completed for a home that has been vacant for less than 90 days, if the property has an onsite wastewater treatment system on record with this Department and the home has a metered water supply.)

Occupied shall mean that there is a person or persons living in the home. To further define, the person or persons shall be performing normal water usage activities while living in the home. For example: showering, laundry, cooking, dishes, etc. Having contractors or a house sitter coming in to “use” water does not meet the definition of occupied.

ONSITE WASTEWATER TREATMENT SYSTEM

1. Contact the Erie County Health Department to obtain a copy of any information on the existing onsite waste water treatment system.
2. An inspection of the visible plumbing must be completed to document that all sanitary wastes from kitchens, bathroom and laundry rooms are flowing into the onsite wastewater treatment system and that non-sanitary wastes such as sump drains, roof gutters, etc. are **not** connected into the onsite wastewater treatment system. **All** of these plumbing lines must be properly connected or disconnected **before** dye tests are conducted.
3. A diagram of the onsite wastewater treatment system that includes all the onsite wastewater treatment system components, their locations and sizes, and their distances from the residence, drinking water well (if present) and property lines.
4. A water-soluble fluoresce (tracer) dye must be introduced into the waste system from several locations. Sufficient water should be used so that dye is introduced into the entire treatment system.
5. A general property inspection must be done following the introduction of the dye to see if it is surfacing on or near the property. The dye test and property inspection must continue for a minimum of three days.
6. Adequate water use must be documented for the duration of the dye test.
 - a. For homes with municipal water, meter readings should be taken at the beginning and at the conclusion of the dye test. At a minimum, it is expected that at least 100 gallons per day per bedroom will have been introduced into the system during the dye test.
 - b. Homes having their own individual water systems require good judgment be used to assure that water is flowing into the system whenever dye test observations are being conducted. Run the water for an estimated length of time equal to 100 gallons per day per bedroom, if sufficient water is available. Water should be introduced into the sewage disposal system on each day that the dye test is being conducted or observations are being made.
7. A second general property survey must be done 3 days after the initial introduction of the dye, to see if dye has surfaced on or near the property.
8. If a sand filter has a direct discharge, then the property transfer fails pending installation of an appropriate downstream absorption system. No direct discharges from sand filters are allowed regardless of when installed.
9. If an onsite wastewater treatment system has an aerobic digestive unit, it should be checked to assure that the aeration unit is operating. Documentation from an approved installer that the aerobic unit is operating properly, dated within the one year of the property transfer inspection must be submitted.
10. If the system contains a pump or siphon, it must be examined and a determination must be made that it is operational. Also, for pumps the audible/visual alarm must be tested to ensure that it is functioning. Note: Alarms are required for pumps on systems installed after 1996.

11. If a sand filter system serves the property and the dye test is inconclusive, a BOD sample may be taken from the discharge of the sand filter prior to the downstream absorption system. Failure will be determined based on the BOD result (>30 mg/l indicates failure) and the engineer's report statements in regards to the dye test.
12. Results of the tracer dye test are weather dependent. Any snow cover that occurs during the test period will invalidate the results, thus necessitating a retesting of the onsite wastewater treatment system during acceptable weather conditions.
13. Any onsite wastewater treatment system that is found to be discharging sewage onto the ground surface or into surface waters (i.e.: tracer dye has surfaced) shall be reported promptly to the Erie County Department of Health at 716-961-6800.
14. If an onsite wastewater treatment system is determined to be in failure, the responsible party must make necessary corrections to the system. All construction or repair of onsite wastewater treatment systems must be approved by the Erie County Department of Health prior to work being started.

WATER SYSTEM

1. If the property is served by a well, then a sanitary survey and inspection of the water system must be conducted.
2. The sanitary survey must include determining the distances to potential sources of pollution on the property and neighboring properties, including onsite wastewater treatment systems, surface water sources, fuel storage tanks and any other potential source of pollution.
3. The inspection must include the well, all visible internal plumbing, the pressure tank, disinfection system, other treatment systems (i.e. water softeners, filters, etc.) and any storage facilities.
 - a. Items required for the well are:
 - i. Casing must terminate at least 18 inches above ground level.
 - ii. Proper sanitary seal on drilled well.
 - iii. No standing water or ground depressed around the well casing
 - iv. Excavated wells and surface water sources are **not** allowed without Erie County Department of Health approval of the construction and treatment system. Treatment of excavated wells and surface water sources must include approved systems for filtration and disinfection.
 - b. Items required for the remainder of the water system are:
 - i. No cross connections between the potable water system and an unsanitary condition.
 - ii. The softener backwash may not be directly connected to a sanitary pipe or floor drain.
 - iii. The disinfection system must be operating properly.
 - iv. All system components must be operating properly.
4. A bacteriological sample must be taken from the water system serving the residence. The bacteriological sample must be analyzed for total coliform. If the total coliform sample is positive, it must be analyzed for *E.coli*. The test must be conducted at a laboratory that is certified by New York State for microbiological testing of potable water. (A list of certified laboratories is available at <http://www.wadsworth.org/labcert/elap/elap.html>).
5. If chlorination is being used to disinfect the water supply, a chlorine residual test must also be taken at the same time as the bacteriological sample is collected. If the chlorine residual is greater than 2.0 ppm the bacteriological sample can not be taken and submitted for analysis. Any bacteriological sample result received with a chlorine residual greater than 2.0 ppm will not be accepted.
6. If the sample result is positive for coliform bacteria or *E.coil* the well and water system should be disinfected with chlorine, flushed and then resampled. If the resample has a result that is positive for total coliform, then a permanent disinfection system must be installed. If the property already has a disinfection system then appropriate measures must be taken to correct the problem.
7. The only acceptable test result is the “absence of coliform bacteria” (negative).
8. Information on well yields is not required unless very poor water quantity is observed.
9. A resource for water systems and their construction, quantity, and quality is Appendix 5-B of the New York State Department of Health Sanitary Code (Public Health Law, Section 225, Title 10 Department of Health; Chapter I State Sanitary Code; Part 5 Drinking Water Supplies; Subpart 5-1; Appendix 5-B Standards for Water Wells)

ENGINEER'S REPORT

1. For each property transfer inspection that is completed, the following forms must be completed, signed, stamped by a registered design professional and submitted for review to the Erie County Department of Health:
 - a. the *Erie County Health Department Property Transfer Inspection Form For Licensed Professional Engineer Onsite Wastewater Treatment System*,
 - b. and where appropriate, the *Erie County Health Department Property Transfer Inspection Form For Licensed Professional Engineer Private Water Supplies*
2. The required fee of \$150.00 and a property transfer application must accompany the above noted form(s) and be submitted to the Erie County Department of Health. (Application attached). The check must be made out to the "Erie County Commissioner of Finance".
3. The Department of Health will review the reports and, if satisfactory, a Property Transfer Certificate will be issued.
4. The Certificate will indicate the size of sewage disposal system if this information is available in the Department of Health records. When our records do not have any information about the sewage system size, the Certificate will state "existing installation details unknown."

Please allow 5-10 business days for the review of your report and issuance of a Property Transfer Certificate

ERIE COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
PROPERTY TRANSFER INSPECTION FORM
FOR LICENSED PROFESSIONAL ENGINEER

ONSITE WASTEWATER TREATMENT SYSTEM

DATE: _____ ADDRESS _____ TOWN _____

OWNER _____

Weather Conditions: _____

___ Occupied : #of people _____ ___ Vacant _____ (Time in days)

System on Record? ___ Yes ___ No Date Installed _____ Installer: _____

bedrooms on design _____ # of bedrooms (actual) _____

TYPE OF SYSTEM

TANK SIZE:

DISCHARGE TO OWTS

___ Conventional Tile Field
___ Tile Field in Fill
___ Sand Filter
___ Unknown
___ Other _____

___ 1000 gallons
___ 1250 gallons
___ 1500 gallons
___ Other _____

___ Sump Pump
___ Water Softener
___ Laundry
___ Gutters

PLUMBING All necessary plumbing connected? ___ Yes ___ No

Date Septic Tank Last Pumped _____ Any other repairs made to system? ___ Yes ___ No

If yes, please explain: _____

If sand filter, please note the condition of the discharge in the inspection tank: _____

Are pumps functioning? ___ Yes ___ No Audible/Visual Alarm Available and Functioning? ___ Yes ___ No

Amount of water to be run per day: _____ PUBLIC WATER _____ PRIVATE WELL _____

Water Used: Meter Readings/Time in Hours

Day 1. _____ Date: _____ If needed:
Day 2. _____ Date: _____ Day 4. _____ Date: _____
Day 3. _____ Date: _____ Day 5. _____ Date: _____

Total _____ (hours/gpd)
(Minimum daily use = # of bedrooms x 100gpd)

DYE TEST RESULTS:

___ PASS ___ FAIL

Seal and
Signature:

Certified By: _____ (Print Name)

INSPECTION REPORT

SKETCH OF PROPERTY INCLUDING HOUSE, SIGNIFICANT OTHER STRUCTURES, SEWAGE SYSTEM AND WATER SUPPLY. IF DYE NOTED PLEASE SHOW ON DIAGRAM.

ERIE COUNTY DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH SERVICES
PROPERTY TRANSFER INSPECTION FORM
FOR LICENSED PROFESSIONAL ENGINEER

PRIVATE WATER SUPPLIES

DATE: _____

ADDRESS _____ TOWN _____

OWNER _____

Drilled Well

Year Well Installed: _____

Well driller name: _____

Was well drilled by a NYSDEC certified well driller? Yes No Unknown

(MUST reject if new or replacement well not done by a certified installer)

Type of Casing (steel, plastic, etc): _____ Height of Casing (above ground): _____

Diameter: _____ (inches) Depth of Well: _____ Cap satisfactory? Yes No

Well Log? Yes (if yes please attach copy) No

Dug Well -- MUST HAVE FILTRATION AND DISINFECTION INSTALLED

Year Well Installed: _____

Type of Casing: _____ Type of Cover: _____

Cover properly sealed? Yes No Depth: _____ Distance (above ground): _____

Other

Year Well Installed: _____

Type: _____

Of Sanitary Quality? Yes No, Please explain: _____

Depth: _____ Distance (above ground): _____

GENERAL INFORMATION:

Can surface water enter the well? Yes No

Have any repairs recently been made on the well? Yes, please explain _____ No

When were repairs made? _____ Last date well was "Shocked" disinfected: _____

What type of disinfection is provided (Chlorination or UV)? _____

Other Types of Treatment : Water Softener Carbon Filter Cartridge Filter Other _____

Storage available? _____ How much? _____ Type: _____

Please list any items that need repair or of improper construction. List any physical characteristics of the water (Color, smell, clarity, etc): _____

SCHEMATIC OF WATER SYSTEM (INCLUDE TREATMENT AND STORAGE)

SOURCES OF POLLUTION:

Septic Tank(s): _____ feet _____ feet _____ feet
Tile Field/Sand filter (s): _____ feet _____ feet _____ feet
Downstream trench/mound(s): _____ feet _____ feet _____ feet
Sewers: _____ feet Drainage ditches: _____ feet _____ feet
Watercourses (streams, ponds, etc.): _____ feet _____ feet _____ feet
Other _____: _____ feet _____ feet

Notes: _____

BACTERIOLOGICAL SAMPLING

Date Sampled: _____ Chlorine residual: _____ (Do not test if >2.0ppm)
Result: Negative Positive Recommend disinfect well? _____
Resample? Negative Positive Recommend install treatment? _____

Date Sampled: _____ Chlorine residual: _____ (Do not test if >2.0ppm)
Result: Negative Positive Recommend disinfect well? _____
Resample? Negative Positive Recommend install treatment? _____

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Result: Negative Positive Recommend disinfect well? _____
Resample? Negative Positive Recommend install treatment? _____

Seal and
Signature:

Certified by: _____