

ORLEANS COUNTY HEALTH DEPARTMENT  
14012 Route 31 West  
Albion, New York 14411  
585-589-3278

**APPLICATION FOR EVALUATION:**  
**INDIVIDUAL WATER SUPPLY AND/OR INDIVIDUAL SEWAGE DISPOSAL SYSTEM**

COMPLETE AND RETURN THIS FORM WITH FEE SCHEDULE (SEE SEPARATE LINK TO FEE SCHEDULE ON DEPT WEBSITE), PAYMENT AND RELEASE OF INFORMATION CONSENT (NEXT PAGE) TO THE ADDRESS SHOWN ABOVE.

Date Form Completed \_\_\_\_\_

**EVALUATION REQUESTED**

Individual Water Supply  Individual Sewage Disposal System

**APPLICANT**

Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Contact #s: \_\_\_\_\_

Owner's Name, Address, and phone number (if different from above): \_\_\_\_\_

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

Previous Owner's Name (if different/known): \_\_\_\_\_

**LOCATION OF PROPERTY TO BE EVALUATED:**

\_\_\_\_\_  
Town of \_\_\_\_\_

**SYSTEM INFORMATION (EXISTING):**

Septic Tank Capacity: \_\_\_\_\_ Gallons # of Existing Bedrooms: \_\_\_\_\_

Total Linear Feet of Leach: \_\_\_\_\_ Ft. Year of Installation: \_\_\_\_\_

**WATER SUPPLY:**

Drilled Well  Dug Well  Public Water

Distance of Well to Septic System \_\_\_\_\_ feet

**EXISTING UTILITIES:**

Clothes Washer  Dishwasher  Garbage Disposal  Hot Tub



# ORLEANS COUNTY HEALTH DEPARTMENT

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Environmental Division



Paul A. Pettit, MSL  
Public Health Director

David Whitcroft  
Deputy Director

## RELEASE OF INFORMATION CONSENT

DATE: \_\_\_\_\_

I HEREBY GIVE CONSENT AND AUTHORIZE THE EXCHANGE OF INFORMATION BETWEEN THE ORLEANS COUNTY HEALTH DEPARTMENT AND:

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

REGARDING PROPERTY I OWN OR CONTROL LOCATED AT:

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

\_\_\_\_\_  
SIGNATURE

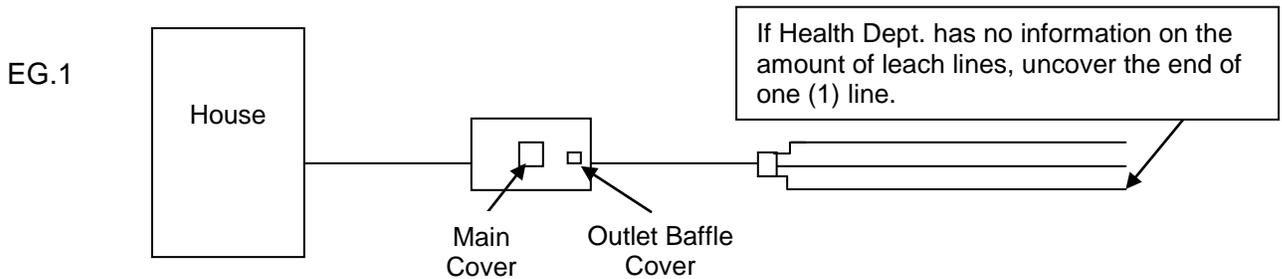
## EVALUATION PROCEDURE: SEWAGE DISPOSAL SYSTEM

### 1. Dig up Septic Tank.

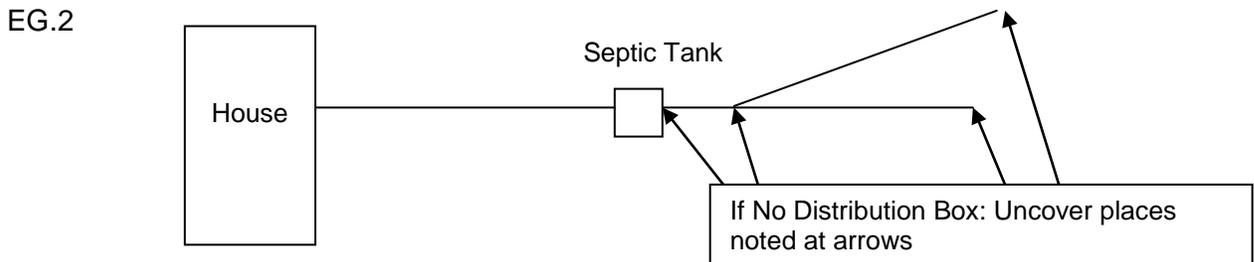
- A. Expose main cover and outlet baffle cover.
- B. Have a 6-foot long stick available for inspector to measure with.

### 2. Dig up Distribution Box - If lines are believed to be greater than 50 feet and are not on Health Department record, then uncover one end. (EG.1). If there is no Distribution Box then:

- A. Uncover end of pipe coming from Septic tank and any places where there might be lines branching off and their ends (EG. 2).



*NOTE: Some small tanks may not have Outlet Baffle Cover.*



**THIS MUST BE COMPLETED PRIOR TO INSPECTOR'S APPOINTMENT.**

## SANITARY EVALUATION POLICY

The policy of the Orleans County Health Department in regard to evaluation of existing private water supplies and individual sewage disposal systems has been established over many years in response to loan agency and bank requests.

Although these agencies tend to ask for an "approval" of the system, this office does not consider an existing system approved unless the soil evaluation and installation of the system have been done in accordance with "New York State Department of Health Manual- Individual Household Systems," in which case the owner would have received a permit.

The following is a general description of this Department's procedures for the inspection of an individual sewage disposal system:

1. This office's records are reviewed to see if any information is already available for reference, in regard to the system being evaluated.
2. **The property owner is required to expose the septic tank and distribution box for inspection. DO NOT HAVE SEPTIC TANK PUMPED BEFORE THE INSPECTION.**
3. The septic tank and baffles are inspected and the size of the tank determined. The length and number of leach lines is determined or estimated by visual observation of the leach field and inspection of the distribution box.
4. As much information as possible, including the sketch of the system, is collected. A plumbing inspection is also performed.
5. The existing sewage disposal system is then either accepted as is, or upgrading is recommended, based on lot size, soil conditions, maintenance of the septic system, water usage, occupancy, the number of bedrooms in the home, and other factors.

The following is a general description of this Department's procedures for the inspection of a private water supply:

- a. The well is inspected for proper construction (***have well cap loose for inspector***)
- b. The distance between the well and pollution source is determined (i.e. sewage disposal system, barn yard) and verification is made that the water system is free of cross connections to non-potable water sources (i.e. lakes, streams, cisterns).
- c. A water sample is collected and tested for **bacteriological quality**. This office receives the results in approximately one (1) week after submission to the laboratory.
- d. In many instances, unacceptable laboratory results are obtained and/or deficiencies with the sanitary conditions of the well are noted. In such a case it may be recommended that the well be upgraded, disinfected, and another water sample collected.
- e. This survey does not evaluate a wells yield (quantity produced).

Approval of an individual residential water supply is based upon an acceptable laboratory analysis of the water sample and upon completion of any well upgrading measures, which were recommended by the Department.

Realtors, attorneys, lending agencies, sewage system contractors, and both sellers and buyers of homes should be aware that a loan survey usually requires a minimum of three (3) to four (4) weeks between service request and acceptance letter submittal. If upgrading of either the sewage disposal system or water system is necessary, the time required is controlled by the party having the work performed.