

CANANDAIGUA LAKE WATERSHED COMMISSION

- City of Canandaigua
- Village of Rushville
- Village of Palmyra
- Village of Newark
- Town of Gorham

To: _____
(Name of Applicant)

From: Tyler Ohle, NYSECCP, Canandaigua Lake Watershed Inspector

Date: ____ / ____ / ____

Re: **Onsite Wastewater System Inspection *Information Request* for:**

(Site Address)

In order to properly perform a system inspection, considerable information is need regarding the property, the system and the current or most recent occupants. In addition, specific information regarding ownership, property and dwelling access and pre-inspection system preparation must be provided.

Enclosed is a **System Inspection *Information Request*** form, which must be completed, signed and returned to this office prior to scheduling an inspection. Following completion of the inspection itself, you will be sent a **System Inspection *Site Report***. The *Information Request* and the *Site Report* are standardized forms used by this office and others who have successfully completed training specific to onsite wastewater system inspection technique and who are registered by the New York Onsite Wastewater Treatment Training Network (OTN).

Please be sure to tell us the location of any underground utilities and/or structures on the property. It can be dangerous to both the inspector and the utility if we do not have this information before the inspection.

The inspection may include a dye test. If so, we may revisit the property afterwards to look for dye. If you observe dye when we are not present, it is important to let us know immediately.

The fee for the inspection and findings report is **\$225.00**. Our preferred time for receipt of payment is at the time of inspection. Please make check payable to "Ontario County SWCD". Be advised that all fees must be paid prior to the release of the completed **OTN System Inspection *Site Report***. *Please note, additional fees may apply for hand digging to expose system components, re-inspection of the system, or use of video sewer snake to locate system components.*

If you have any questions or to e-mail/fax back the completed form, please use:
Call (585) 396-9716 and/or Tyler.Ohle@ontswcd.com and/or fax (585) 396-1305

OTN SYSTEM INSPECTION INFORMATION REQUEST

Individual Residential Wastewater Treatment System

(type or print)

Property and Owner Identification

(attach property survey/tax parcel map if possible)

Tax Parcel Identification Number _____ Town: _____

Property Address _____

Property Owner _____

Address _____

Telephone Number _____

Inspection Request Information

Inspection requested by: _____

Affiliation _____

Address _____

Telephone Number _____

Closing date (if applicable) _____

Purpose of request: property transfer agency request malfunction

other (please describe) _____

Inspection fee to be paid by: _____

Payment is due before report is released

Household Information

Owner-occupied *or* Rental

Full-time *or* Seasonal If seasonal- # weeks per year: _____

Last known date of occupancy: _____ Number of occupants: _____

Age of home: _____ Total square footage: _____

of bedrooms: _____ # of bathrooms: _____ Water-saving fixtures? Yes No

Home business or hobby? (ex. daycare, photography, taxidermy, salon): Yes No

Type _____

Regularly used medications? (ex. chemotherapy, dialysis): Yes No

Are there any wells on the property? _____ How many? _____

Household fresh water source: public well(s) spring(s) other

Well Type: Drilled Dug Year installed: _____ Depth _____ feet

List all public or private buried utilities or structures on property: (gas, electric, phone, water, etc.) _____

Onsite Wastewater Treatment System(s)

How many systems are on the property? _____

Year system(s) installed: Tank _____ Leach System _____

Are all system components wholly within the property boundaries? Yes No

Are system plans available? Yes No

Does the system(s) serve multiple properties? Yes No

If yes, describe _____

Maintenance

Service agreement? Yes No If yes, vendor name _____

Date of last inspection _____; N/A Date tank last pumped _____; N/A

Frequency of pumping _____; N/A

OTN SYSTEM INSPECTION INFORMATION REQUEST (continued)

List known repairs/replacements, with dates:

<u>Date</u>	<u>Type of Repair/Replacement</u>
_____	_____
_____	_____
_____	_____
_____	_____

Operation

- System problems? Yes No
- Sewage odors? Yes No
- Direct surface discharge(s)? Yes No
- Back-up of toilets? Yes No
- Back-up of any other fixtures? (ex. slow drains) Yes No
- Seasonal ponding or breakout of leach field? Yes No

Statement of Acceptance of Conditions

I agree to:

- ensure that the septic tank(s), distribution box(es), pump station(s) and/or dry well(s), if any, will be uncovered **prior to** the requested inspection time.
- have a septic hauler on site to pump tank **after*** the inspector arrives.
tank must be pumped in presence of inspector
- have an authorized representative present at the site to provide access to home for inspection of interior plumbing.
- allow the inspector to verify information provided above and to conduct an inspection of the indicated onsite wastewater treatment system(s), including all system components and interior and exterior plumbing.

To the best of my knowledge, the information provided above is accurate.
I agree to be responsible for inspection fee payment.

Signature of property owner or authorized agent:

Print Name: _____

Affiliation: owner agent _____

Signature: _____ Date: _____

Comments/directions to property/etc. (optional)

Inspector

Name of Inspector Tyler Ohle
 Affiliation Canandaigua Lake Watershed Inspector
 Address 480 North Main Canandaigua NY 14424
 Telephone Number (585) 396-9716
 Email tyler.ohle@ontswcd.com