



NIAGARA COUNTY DEPARTMENT OF HEALTH
5467 Upper Mountain Road, Suite 100
Lockport, New York 14094-1894

(716) 439-7444
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REQUIREMENTS FOR CONDUCTING SEWAGE DISPOSAL SYSTEM INSPECTION

The Niagara County Department of Health will, upon request, conduct a sewage disposal system tracer dye test, evaluation of a sand filter system or aeration system. Listed below are department guidelines for conducting the test.

1. A completed application form and monetary fee in the form of a check drawn on a US bank made payable to the Niagara County Health Department must be submitted prior to the start of the inspection. Payments can also be made by credit card with an additional payment-processing fee.
2. Any system which is found to be discharging sewage onto the ground surface or into the surface waters of New York State is a violation of the Niagara County Sanitary Code, and it will be required that immediate steps be taken to correct the problem.
3. The results of an inspection are valid for six (6) months from the date of this Department's approval letter.
4. If the following conditions for the test cannot be met (#5, 6, 7, & 8), the ownership transfer can occur if monies are held (for system replacement or repair) in an escrow account for a minimum of one year from the date of transfer.

Dye Test Conditions:

5. A completed affidavit from the property owner attesting to the fact that the system will not be/was not tampered with within thirty (30) days before and during the dye test period, including information concerning the composition of the existing onsite sewage disposal system.
6. The house must have been occupied for at least thirty (30) days prior to and during the course of the inspection. Testing of vacant homes will not be conducted unless approval is given by the purchaser of the property.
7. Results of the tracer dye test are weather dependent. Any snow cover that occurs during the tracer dye test period will invalidate the result of the inspection, thus necessitating a re-testing of the sewage disposal system during acceptable weather conditions. In addition, the ground must be free of any frost.
8. The tracer dye test will be conducted for a minimum of five days and maximum of seven days for properties serviced by metered public water supplies. A minimum of 200 gallons per day of water usage is mandatory. An additional 50 gallons per day per bedroom is required for any residence over three bedrooms. A ten-day test is required for homes serviced by a private well water supply.

Inspection Notes:

9. Results of the tracer dye test do not rely solely on the presence of dye. Signs of imminent failure including, but not limited to, odors, system backup, ground softening, unacceptable septic tank or distribution box structure may be deemed a system failure and/or require further evaluation.
10. This Department expects that a properly functioning septic system will not have issues at any point throughout the year. This is including the less favorable wet and frozen conditions. A system that cannot function properly during the rainy season is deemed a failing system.

What to expect- Dye Test:

Day 1-

- Verification that plumbing is all directed into septic system (including laundry and utility sink)
- Initial water meter reading
- Placing dye in toilets, sinks and showers
- Running water (+/- 200 gallons will be put through the system to show that the septic system can handle average daily use)
- Evaluation of leach field area/ property

Day 2-4-

- Property recheck(s) (owner presence not required) to evaluate leach field area
- The remainder of the water will be run (by owner) ** Attempt to run equal amounts of water each day to avoid flooding the system**

Final day-

- Run additional water (at the discretion of the inspector)
- Final water meter reading
- Final evaluation of leach field area/ property

Sand Filter Inspection:

- Prior to this Departments arrival for inspection:
 - o Remove any cover from pump tank/ inspection tank lid. Additionally, ensure the lid can be removed
 - o Ensure sand filter vents are accessible
 - o Ensure chlorine rack is accessible and has proper chlorine tablets in place

What to expect- Sand Filter Inspection:

- Verification that plumbing is all directed into septic system (including laundry and utility sink)
- Identification of breakers leading to pump and alarm (must be on separate breakers)
- Verify GFI is functioning
- Inspect various parts of system
- Take sample from pump tank/ inspection tank
- Run water (at the discretion of the inspector)

What to expect- Aeration Treatment System Inspection:

- Similar to sand filter inspection
- Verification that aerator and its control panel are functioning properly
- Ensure service contract is in place prior to property transfer

**Application to Conduct a
Subsurface Sewage Disposal System Inspection (Dye Test)**

**NIAGARA COUNTY HEALTH DEPARTMENT - Environmental Division
5467 Upper Mountain Road, Suite 100
Lockport, NY 14094-1894**

Please answer all sections. Return to the above address with the following:

- * Completed Application with signed and notarized affidavit (on back),
 - * **FEE is now \$505 regardless of system type (leach field or sand filter or aerobic unit)**
- NOTE: Please make check or money orders payable to: Niagara County Health Department.
Must be in U.S. Funds only. A \$20 service charge will be charged when a check is returned for insufficient funds.

Please print or type all information to expedite processing.

PROPERTY Information	
Property's Address:	
Located in the Town of:	
SELLER'S Information	
Seller's Name(s):	Mr. / Mrs. / Ms. / Miss
Seller's Address:	
City, State, Zip:	
Seller's Phone Number:	() -
BUYER'S Information	
Buyer's Name(s):	Mr. / Mrs. / Ms. / Miss
Buyer's Address:	
City, State, Zip:	
Buyer's Phone Number:	() -
Name of Person(s) to Contact for Inspection	
Contact Person's Name(s):	Mr. / Mrs. / Ms. / Miss
Contact Person's Phone:	() -
Results will be mailed to the Buyer and the Seller. Who else should get results?	
Name(s):	Mr. / Mrs. / Ms. / Miss
Address:	
City, State, Zip:	
FOR OFFICE USE ONLY	
Date Received:	Received By:
Amount Received: \$	Cash/Check/Money Order No:

**SEPTIC SYSTEM TEST
AFFIDAVIT, TERMS AND CONDITIONS**

1. The undersigned, being duly sworn, depose(s) and say(s): *I am / We are* the owner(s) of premises commonly known as _____ in the *City / Town / Village* of _____, County of Niagara and State of New York and *I am / we are* familiar with said premises.

2. *I / We* hereby certify to the Niagara County Health Department that the septic/aeration tank located on the said premises has not been pumped out within thirty (30) days of the execution of this affidavit.

3. *I / We* hereby further certify that the said septic / aeration tank will not be pumped out until written approval for such is authorized by the Niagara County Health Department after inspection by the Health Department of the said septic system.

4. *I / We* hereby further certify that said septic system contains:
 1. Septic/Aeration tank of _____gallon capacity.
 2. Tile field of _____ lines, each _____ feet in length.
 3. Sand Filter of _____ feet wide and _____ feet long
 4. Distribution box available? Yes, _____ No _____
 5. Approximate year system was installed: _____

5. This affidavit is made for the purpose of inducing the Niagara County Health Department to view a dye test inspection of the septic system on the said premises, which is or will be shortly subject to transfer. All statements made herein are made under the penalties of perjury with the knowledge that the Niagara County Health Department will rely thereon.

Owner

Owner

Mailing Address

Mailing Address

Notarize

SUBSCRIBED AND SWORN TO before me

this _____ (day) of _____ (month), _____ (yr)

Signature of the individual taking acknowledgement