



NIAGARA COUNTY HEALTH DEPARTMENT
5467 Upper Mountain Road, Suite 100
Lockport, New York 14094-1894
(716) 439-7443
FAX (716) 439-7427

REQUIREMENTS FOR CONDUCTING SEWAGE DISPOSAL SYSTEM TRACER DYE TEST

The Niagara County Health Department will, upon request, conduct a sewage disposal system tracer dye test. 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 starting the evaluation.
2. A completed affidavit from the property owner attesting to the fact that the system will not be tampered with 30 days before and during the dye test period, including information concerning the composition of the existing onsite sewage disposal system.
3. The house must have been occupied at least 30 days prior to and during the period of inspection. Testing of vacant homes will not be conducted.
4. Results of the tracer dye test are weather dependent. Any snow cover which occurs during the tracer dye test period will invalidate the result thus necessitating a re-testing of the sewage disposal system during acceptable weather conditions. In addition, the ground must be free of any frost.
5. Any subsurface sewage disposal 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.
6. 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.
7. If items # 2, 3 & 4 of the above conditions cannot be met, 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.

**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),
 - * Fees: \$425 for Standard Systems -or- \$495 for Sand Filter Systems.
- 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

SUBSCRIBED AND SWORN TO before me
this _____ day of _____, _____