

On-Site Sewage Systems (Chapter 246-272A WAC)

Request for Waiver from State Regulations

Receipt Number: _____

Waiver Number: _____

Section I.*(completed by applicant)*

Name: (1)	Local Health Department / District (2) <i>(see instructions)</i>
Address:	
Telephone: ()	
Signature:	
Property Identification: (3)	

Section II.*(completed by applicant)*

WAC Number: (4)	WAC Requirement: (5)	Waiver Sought: (6)
246-272A —		
Subsection:		
Justification (<i>mitigation measures to be provided</i>): (7)		

Section III.*(completed by health officer)*

Review Criteria: (8)	Mitigation Measures (<i>in addition to those proposed</i>): (9)

Comments / Conditions: (10)

Type of Waiver: (11) Class A Class B Class C — Request DOH review before granting? Yes ____ No ____

Neighbor Notification: (12) Required? Yes ____ No ____ If needed, are agreements, easements, etc. properly filed? Yes ____ No ____

Section IV.*(completed by health officer)*

This Request For Waiver From State Regulations has been reviewed according to the provisions of Chapter 246-272A WAC On-Site Sewage Systems. The review criteria applied, and the mitigation measures proposed and/or required, have been evaluated for their ability to provide public health protection at least equal to that provided by this chapter WAC.

Denied **Approved / Granted** - Subject to all comments, conditions, and requirements noted in Section II and III

Local Health Officer (13) _____ Date: _____

Instructions for Completion

Sections I and II are to be completed by the Applicant.

Sections III and IV are to be completed by the local health officer or his/her authorized representative.

Most items in each Section are followed by a number in (). The instructions below are listed by these numbers:

- (1) Individual requesting waiver. (Presumed to be property owner..., indicate if not.) Be sure to include mailing address and phone number.
- (2) Local Health Department. Usually this will be “filled in” by the local health jurisdiction for their use.
- (3) Property Identification: Provide the address, parcel number, permit application number or other identifying description of the property for which a waiver is being requested. A full legal description is not required.
- (4) WAC Number. Specify the particular WAC number from Chapter 246-272A WAC for which a waiver is being sought, such as “WAC 246-272A-0210(1)”.
- (5) WAC Requirement. State the requirement in the specified WAC for which a waiver is being sought, such as “100 foot setback from soil dispersal component to a well”.
- (6) Waiver Sought. Briefly describe the waiver sought, such as “Reduction of setback to 70 feet”.
- (7) Justification. Provide the rationale for the waiver request. What site conditions, system design characteristics, etc. mitigate the concerns that resulted in the requirements in the WAC? Technical justification should include supporting data, plat plans, device or treatment methodology proposed, possible mitigating site characteristics, gross land area, other options explored, and any other pertinent data. Possible mitigation measures may include system design, site requirements, or administrative approaches. Attach additional pages, if necessary to provide the local health officer adequate information upon which to make an informed decision.
- (8) Review Criteria. Indicate when specific criteria were used in the review of the proposed waiver and mitigation measures.
- (9) Mitigation Measures. Indicate any mitigation measures required in addition to those proposed by the applicant.
- (10) Comments / Conditions. Briefly describe any concerns or issues regarding the waiver request, mitigation measures, or related issues.
- (11) Type of Waiver. Indicate which category of waivers this particular request is in. For Class C Waivers, indicate if DOH review is to be requested before a decision is made to grant the request.
- (12) Neighbor Notification. Are there any aspects of this waiver request for which notification to and/or permission by, adjoining or nearby property owners / dwellers would be appropriate?
- (13) Local Health Officer. This is where the local health officer, or his/her authorized representative, by checking the appropriate box and signing, grants or denies the requested waiver.

Assistance for applicants requesting a “Waiver From State Regulations” may be obtained from the Local Health Department or District.

Local Health Department / District Health Officers may obtain assistance from the Washington State Department of Health in their review of proposed “Waiver From State Regulations”:
(360) 236-3043 / Leslie Turner