

Applicant (Owner) _____ TELEPHONE #/EMAIL _____

Address _____
STREET TOWN, VILLAGE, CITY COUNTY ZIP

Site Location _____
STREET TOWN, VILLAGE, CITY COUNTY ZIP

1. This information is submitted in support of the application for specific waiver from the standards of 10NYCRR Appendix 75A, Wastewater Treatment Standards - Residential On Site Systems.

Proposed design cannot meet standards of Appendix 75-A for the following reasons:

- Separation distance cannot be achieved (see 75-A.4(b), Table 2, Separation Requirements)
- Excessive slope (see 75-A.4a(1), Soil and Site Appraisal)
- Proposed design and or technology
- Other _____

2. Provide a brief description of design criteria which will mitigate noncompliance with requirements of Appendix 75-A . Include a detailed design, record of soil/site investigation and evaluation and a site plan which depicts conditions of concern existing on parcels abutting the site location including but not limited to location of wells, water bodies and wetland.

3. Signature of Applicant and Professional Engineer/Registered Architect

I _____ (Applicant) acknowledge that this request for waiver is necessary because an on-site wastewater treatment system at this property cannot meet the referenced standards of 10NYCRR, Appendix 75-A. I accept the system design as proposed.

SIGNATURE DATE

I _____ (Professional Engineer/Registered Architect) acknowledge that this request for waiver from standards of 10NYCRR, Appendix 75-A is necessary because one or more conditions prevent construction of an on-site wastewater treatment system that is compliant with standards of Appendix 75-A. By my signature, the proposed design will provide a degree of protection equivalent to the intent of Appendix 75-A and will not result in an increased risk to public and environmental health.

SIGNATURE DATE NYS LICENSE #

For Health Department Use Only

Based upon the information provided in this application to waive the referenced standards of Appendix 75-A and in accordance with 10NYCRR Section 75.3 and 75.6(b), the waiver requested is hereby:

- Approved: Install as proposed
- Approved: Install with the following conditions: _____
- Denied, for the following reasons: _____

This waiver may be revoked if any proposals are modified or site conditions change that were considered for approving this waiver.

HEALTH DEPARTMENT REPRESENTATIVE SIGNATURE DATE

Completing the Specific Waiver Application: Residential Onsite Wastewater Treatment Systems

Applicability

This Specific Waiver application form is intended for use by the applicant (property owner) and the applicant's engineer to present information for consideration by the Health Department having jurisdiction to approve a new onsite wastewater treatment system (OWTS) that does not comply with one or more standards of Appendix 75-A, "Wastewater Treatment Standards – Residential Onsite Systems". *A specific waiver shall be obtained before construction of the onsite wastewater treatment system.*

Background

The responsible city, county, or district health office may grant a 10NYCRR Part 75 Specific Waiver from a provision(s) of 10NYCRR Part 75, Appendix 75-A, only under the following circumstances:

1. Conditions at the particular site make it impractical to comply with these standards or
2. Disapproval will result in a significant hardship.
3. Appropriate protective measures to mitigate noncompliance are applied;
4. The design is not likely to pose a health hazard or create environmental contamination.

A Specific Waiver IS NOT intended as a device for routinely approving residential onsite wastewater treatment systems that do not meet design standards. It is intended to provide administrative flexibility to resolve cases when hardships exist and/or other circumstances that make it impractical to meet Appendix 75-A standards. *The issuance of a specific waiver is discretionary to the health department.*

The Specific Waiver application shall provide information and background about the site conditions and detail the proposal so that the Health Department is able to determine whether to approve or deny the application. The Health Department representative may ask for additional information to be submitted to make that determination.

General Information

Provide the applicant's current mailing address and contact information. Also provide the address of the property the specific waiver is being applied for, even if it is the same as the mailing address.

Reasons for Noncompliance

Check the applicable reason(s) for which the waiver is requested. If not already listed, include the specific standard(s) in the space provided and provide a brief explanation. More detailed information can be attached as needed or as appropriate.

Proposed Mitigative Design

Provide a brief description of the site characteristics and OWTS design in the space provided. Detailed information (engineer's report) and design plans can be attached to the application.

Supporting Information

The amount and/or detail of information required by the Health Department representative may depend on the complexity of the site conditions. To obtain a specific waiver, the applicant must demonstrate that the onsite wastewater treatment system design proposal is acceptable and is not likely to pose a health or environmental hazard.

Detailed Site Plan contents may include some or all of the following: surveyed plat, accurate location of onsite and neighboring (if applicable) drinking water sources and water courses, site topography, drainage features and any pertinent physical features.

Detailed Design shall be submitted by a NYS licensed P.E. and will clearly identify the OWTS components and locations.

Soil and Site Evaluation shall incorporate the characterization of the existing soils through, at a minimum: percolation tests and test pit evaluation, which identifies soil types and geologic limiting conditions (e.g., groundwater, rock or clay).

Neighboring conditions of concern (if applicable) shall include at a minimum, onsite or nearby: drinking water sources, watercourses or wetlands. Other identified possible areas of concern that could be impacted by the OWTS shall also be identified.

Acknowledgement of Risks

The applicant (property owner) is required to sign the Specific Waiver application and acknowledge the risks that may be associated with the OWTS serving their property. A NYS Professional Engineer (P.E.) is required to provide his or her name and license number on the form and submit the supporting information and stamped design plans on behalf of the applicant.

Health Department Representative Response

The Health Department representative will approve; approve with conditions; or deny the Specific Waiver application. The determination will be sent to the applicant and a copy of the determination and all information submitted with the application will be retained. BWSP suggests that the applicant ensures oversight by obtaining a certification from the Professional Engineer that the wastewater system has been installed as authorized by this Specific Waiver.