



SPECIFIC WAIVER APPLICATION

From Requirements of 10NYCRR Part 75, Appendix 75-A (New York State Sanitary Code) for Individual Wastewater Treatment Systems (Existing Structures/Repair Systems Only)

Applicant (Owner): _____
First M.I. Last

Mailing Address: _____
Street City/Town State Zip Code

Site Location: _____
Street City/Town State Zip Code

Design Professional: _____
 (If required by LCDOH) *First Last Company Name*

Mailing Address: _____
Street City/Town State Zip Code

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

Separation distance cannot be achieved (see 75-A.4b, Table 2, Separation Requirements)

Excessive slope (see 75-A.4a(1), Soil and Site Appraisal)

Inadequate depth to high seasonal groundwater, bedrock or impermeable layer (see 75-A.4c(2), Soil and Site Appraisal)

Soil unsuitable (see 75-A.1b(32) Introduction)

Other (explain) _____

2 Provide a brief description of design criteria which will mitigate noncompliance with requirements of Appendix 75-A. Include a description, including the location of well, water bodies and wetlands, of the proposed wastewater treatment system design or current design improvements. Include any deviation(s) from 75-A that may affect the operation of the wastewater treatment system: _____

3 Signatures:

Signature of Applicant (Owner)

Date: _____

(Applicant) Understanding the proposed design does NOT maintain the minimum standards prescribed in Appendix 75-A, I agree NOT to hold the Livingston County Department of Health or its employees responsible for any problems which may arise in the operation of the proposed wastewater treatment system. This shall NOT preclude the Livingston County Department of Health from enforcement action due to any future public health hazard which may occur. I accept the system design as proposed.

Signature of Design Professional (If required by the LCDOH)

Date: _____

(Design Professional) Acknowledge that this request for waiver from standards of Appendix 75-A is necessary because of one or more conditions onsite prevent the construction of a wastewater treatment system that is compliant with standards of Appendix 75-A. I certify that the issuance of this waiver will not result in an increased risk to public and environmental health.

Based on the information provided in this application to waive the referenced standards of Appendix 75-A, the waiver requested is hereby: Approved Denied, for the following reasons: _____

Construction of the proposed wastewater treatment system shall be in strict accordance with the approved plan (s) and permit conditions. This waiver may be revoked by the issuing official if the information provided is found to be inaccurate, or if construction of the system does not conform with the approved plan (s) and permit conditions.

Livingston County Department of Health

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 design professional to present information for consideration by the Health Department having jurisdiction to approve an 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 Health Department 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 geological 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. If required, a NYS Professional Engineer (P.E.) is required to provide his or her name 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 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. Certification from the Professional Engineer that the wastewater system has been installed as authorized by this Specific Waiver is required.