

**On-Site Sewage Systems (Chapter 246-272A WAC)  
Request for Waiver from State Regulations**



<b>Section I.</b>		<i>(Completed by applicant)</i>	
Name: <b>(1)</b>		Local Health Jurisdiction Received <b>(2)</b> <i>(See instructions)</i>	
Address:			
Telephone:			
Signature:			
Property Identification (parcel and address): <b>(3)</b>			
<b>Section II.</b>		<i>(Completed by applicant)</i>	
WAC Number: <b>(4)</b>		WAC Requirement: <b>(5)</b>	Waiver Sought: <b>(6)</b>
246-272A-			
Subsection:			
Justification <i>(Proposed mitigation measures)</i> : <b>(7)</b>			
<b>Section III.</b>		<i>(Completed by local health officer)</i>	
Review Criteria: <b>(8)</b>		Additional Mitigation Measures: <b>(9)</b>	
Comments/Conditions: <b>(10)</b>			
Type of Waiver: <b>(11)</b> Class A    Class B    Class C — Request DOH review <u>before</u> granting?    Yes    No			
Neighbor Notification: <b>(12)</b> Required?    Yes    No <i>If needed, are agreements, easements, etc. filed?</i> Yes    No			
<b>Section IV.</b>		<i>(Completed by GCHD)</i>	
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.			
<b>Denied</b> <b>Approved/Granted</b> — Subject to all comments, conditions and requirements noted in Sections II and III.			
Local Health Officer <b>(13)</b> _____		Date: _____	

### Instructions for Completion

Sections I and II are to be completed by the Applicant and must be submitted to Grant County Health District. Sections III and IV are to be completed by the local health officer or their authorized representative.

Most items in each section above are followed by a number in ( ). Here are the instructions for each:

- (1) Individual requesting waiver (presumed to be property owner; indicate if not): Include the mailing address and phone number.
- (2) Local Health Jurisdiction: Jurisdiction with the authority to approve OSS permits in the system's county. LHJ staff typically complete this field using a county stamp.
- (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 deviation to satisfy the WAC's intent? Justification should include supporting technical 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 with adequate information upon which to make an informed decision.
- (8) Review Criteria: Indicate specific criteria used in the review of the proposed waiver and mitigation measures.
- (9) Additional Mitigation Measures: Indicate any mitigation measures required in addition to those proposed by the applicant.
- (10) Comments/Conditions: Briefly describe concerns regarding the waiver request, mitigation measures, or related issues.
- (11) Type of Waiver: Indicate which category of waivers this particular request falls under. For Class C, indicate if DOH review is 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) GCHD Representative: The local health officer must check the appropriate box and sign, grant or deny the waiver request.

Assistance for applicants requesting a "Waiver from State Regulations" may be obtained from Grant County Health District.

LGrant County Health District may obtain assistance from the Washington State Department of Health in their review of proposed "Waiver from State Regulations" by contacting [WastewaterMgmt@doh.wa.gov](mailto:WastewaterMgmt@doh.wa.gov).