WVR_____-_____

ENVIRONMENTAL HEALTH
Physical: 223 E 4th St., Room 130
Mailing: 111 E 3rd St.
PORT ANGELES, WA 98362
(360) 417-2506

Clallam County Waiver

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

Request for Waiver from State Regulations

Section I. *(completed by applicant)*	Local Health Department / District (2) (see instructions)
Name: ***(1)***	**State Waiver Fee: *$203.00*** **| Rcpt #** **| Check #**
Address:	
Telephone: ( )	
Signature:	Related Permit #(s):
Property Identification: ***(3)***	
Address:	
Parcel #:	

Section II.		*(completed by applicant)*
WAC**:** ***(4)***	WAC Requirement: ***(5)***	Waiver Sought: ***(6)***
246-272A —		
Subsection:		
Justification *(mitigation measures to be provided)*: ***(7)***		

Section III. *(completed by health officer)*	Mitigation Measures *(in addition to those proposed)*: ***(9)***
Review Criteria: ***(8)***	
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 Sections II and III.

Local Health Officer ***(13)*** _____ **Date:** _____