



Environmental Health
345 6th Street, Suite 300
Bremerton, WA 98337
360-728-2235

Memo #: _____
Date Applied: _____
Fee paid: _____
Clerks initials: _____

DRINKING WATER / ONSITE SEWAGE WAIVER REQUEST FORM

Waiver Request Form (Please check the following in regard to which Regulations are the subject of the waiver):

- Local Septic Regulations (KCBOH Ordinance No. 2008A-1)
- Local Drinking Water Regulations (KCBOH Ordinance No. 2018-01)

Section I. (Completed by Applicant)

(1) Name: _____
(2) Site Address: _____
(3) Tax Parcel No.: _____
(4) Regulatory Requirement: _____

(5) Waiver Requested: _____

(6) Waiver Justification and Mitigation: _____

Section II. (Completed by Kitsap Public Health Officer)

(7) Review Criteria: _____
(8) Mitigation Measures (in addition to those proposed in Section I): _____

(9) Comments/Conditions of Approval: _____

(10) Type of Waiver: Class A Class B Class C Local

Section III. (Completed by Kitsap Public Health Officer)

This Waiver Request has been reviewed according to the applicable provisions of Chapter 246-272 WAC or KCBOH Ordinance No. 2008A-1 or 2018-01. 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 the regulations.

- This Waiver Request is: **Approved/Granted** (Subject to the above Conditions of Approval)
 Denied
 Accepted for Non-Conforming Onsite Sewage System

KPHD Health Office Signature: _____ Date: _____

KPHD Health Officer Name: _____

ONSITE SEWAGE / DRINKING WATER WAIVER APPLICATION INSTRUCTION

In order to complete the waiver application properly, please follow the directions below:

- Check the appropriate box at the top of the form for which regulatory requirements the waiver(s) is/are being requested.
- Fill out Section I of the form completely:
 - (1) Applicant Name
 - (2) Site Address – site for where the waiver is proposed
 - (3) Tax Parcel ID – AAN of site
 - (4) Regulatory Requirement – list all (DW and OSS) waivers proposed for the project (you may need to use an additional form) for example:
 - 100 feet from a septic drainfield and drinking water well
 - 50 feet from a septic tank to surface water
 - Drainfield must be installed in undisturbed, native soil
 - (5) Waiver requested – list all requested waivers, for example:
 - 76 feet from a septic drainfield to drinking water well
 - 40 feet from a septic tank to surface water
 - Drainfield to be installed in disturbed fill soil
 - (6) Waiver Justification and Mitigation – Provide information about why the waiver(s) is/are necessary and what mitigation is proposed to allow for the approval of the requested waiver(s). This information must be complete and detailed, (you may need to use an additional form) for example:
The existing drinking water well located on property is located near the only area on the property with soils suitable for a septic drainfield. The proposed OSS will meet Treatment Standard B and the well is located upgradient from the proposed drainfield.
- Health District staff will complete Section II and III of the application.