



Waiver Request Form

Instructions: **Engineer** Complete Sections A and B and submit form to the Dutchess County Health Department. See back for further instructions. **Owner** Sign Section C.

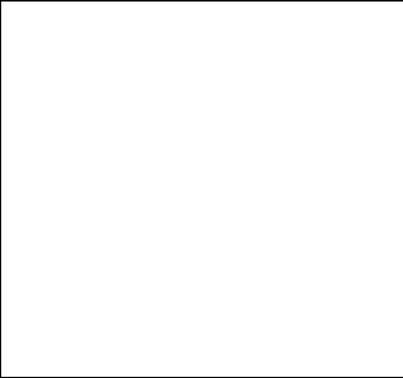
SECTION A. PROJECT INFORMATION

Project name _____
 Tax Map # _____ Street _____ Location _____
(T,V,C)

SECTION B. JUSTIFICATION and ENGINEER'S SIGNATURE

Description of waiver (see additional sheets):

Justification: _____



Date: _____ (seal & signature)

SECTION C. OWNER'S SIGNATURE

Owner has authorized the Engineer to apply (attach authorization)
 Name: _____ Date: _____ Signature: _____

SECTION D. FOR HEALTH DEPARTMENT USE ONLY

Waiver – granted _____
(Date)

Waiver – denied _____
(Date)

Reason(s): _____

(Supervising PHE) (Date)

10 NYCRR 75.6 (b) Specific Waiver. The State Commissioner of Health, his designated representative or the designated full-time city, county or part-county health department official, may on written application grant a specific waiver from a provision of this Part, where such waiver is consistent with the general purpose and intent of this Part. The applicant receiving such waiver must be advised in writing if the design or conditions approved do not meet State standards and the potential consequences of such deviations. Systems with a surface discharge are prohibited and are not eligible for a waiver.

Directions:

SECTION A

Location: Town, Village, or City. Do not use post office.

SECTION B

If you have more than one waiver, then use additional waiver request form(s).

Description of waiver: cite which standard you are requesting a waiver for.

Justification: Provide site-specific engineering reasons and other relevant information showing that public health will not be compromised.

That you cannot meet the standards is not justification.

SECTION C

The property owner or someone with legal authority to apply must sign.

Comments: