

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

WVR \_\_\_\_\_ - \_\_\_\_\_

# Clallam County Waiver

## On-Site Sewage Systems (Chapter 41.20 246 CCC)

### Request for Waiver from County Regulations

<b>Section I.</b> <i>(completed by applicant)</i>		Local Health Department / District (2) (see instructions)	
Name: (1)		Local Waiver Fee: \$125.00   Rept #   Check #	
Address:			
Telephone: ( )			
Signature:		Related Permit #(s):	
Property Identification: (3)			
Address:			
Parcel #:			
<b>Section II.</b>		<i>(completed by applicant)</i>	
Code Number: (4)	Code Requirement: (5)	Waiver Sought: (6)	
CCC 41.20 —			
Subsection:			
Justification <i>(mitigation measures to be provided)</i> : (7)			
<b>Section III.</b> <i>(completed by health officer)</i>		Mitigation Measures <i>(in addition to those proposed)</i> : (9)	
Review Criteria: (8)			
Comments / Conditions: (10)			
Type of Waiver: (11) <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> 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 ___			
<b>Section IV.</b>		<i>(completed by health officer)</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.			
[ ] Denied [ ] Approved / Granted —Subject to all comments, conditions and requirements noted in Sections II and III.			
Local Health Officer (13) _____		Date: _____	