

**GENERAL INFORMATION (Applicant must complete)**

Name of Applicant	Last Name	First	M.I.
Address	No.	Street	City/Town State Zip
Site Location	No.	Street	City/Town State Zip

**APPLICANT - DO NOT WRITE BELOW**

1. Reason why site does not meet 10NYCRR Appendix 75-A (check appropriate box(es)):

- Separation distance cannot be achieved.
- Excessive slope.
- High groundwater.
- Inadequate depth to bedrock or impermeable layer.
- Soil unsuitable.
- Other (explain) .....

2. Proposed design or conditions of waiver:

.....

.....

.....

.....

3. The proposed design may have the following limitations (check appropriate box(es)):

- Increased risk of well or spring contamination.
- Increased risk of surface water contamination.
- Expected design life of the system will be diminished.
- Operation of sewage system is subject to mechanical problems.
- Other (explain) .....

Additional information attached

Construction pursuant to this waiver request should not pose any foreseeable health or environmental problems. In accordance with New York State Department of Health Administrative Rules and Regulations, Part 75.6 (b), a waiver is hereby granted. This waiver may be revoked by the issuing official for a change in conditions for which this waiver was granted.

.....  
 REPRESENTATIVE OF COMMISSIONER OF HEALTH

.....  
 DATE

ORIGINAL - Local Health Agency  
 COPY - Applicant/Design Professional