

Waiver Request

Onsite Sewage Disposal / Drinking Water

Please see the Environmental Health Fee Schedule for current fees.

Submittal Date	Memo Number	Review Fee

SITE ADDRESS
Street Address
City
Assessor's Account Number

OWNER OR APPLICANT INFORMATION		
First Name	Last Name	Contact Phone
Mailing Street Address		
Mail City	Mail State	Mail Zip/Postal

Section 1 Completed by applicant

WHICH ORDINANCE INCLUDES THE REGULATION FOR WHICH YOU ARE SEEKING A WAIVER?

- Local Septic Regulations KPHB Ordinance 2025-01
 Local Septic Regulations KCBOH Ordinance 2008A-1
 (For applications submitted prior to March 17, 2025)
- Local Drinking Water Regulations KPHB Ordinance 2018-01

WAIVER REQUESTED:

WAIVER JUSTIFICATION AND MITIGATION:

Section 2 Completed by Kitsap Public Health Officer

Review Criteria:

Mitigation Measures (in addition to those proposed in Section 1):

Comments/Conditions of Approval:

Type of Waiver: Class A Class B Class C Local

This Waiver Request has been reviewed according to the applicable provisions of Chapter 246-272 WAC or KCBOH Ordinance No. 2008A-1; or Chapter 246-272A-0110 WAC or KPHB Ordinance No. 2025-01, 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 above Conditions of Approval)
 Denied
 Accepted for Non-Conforming Onsite Sewage System

KPHD Health Officer Signature	KPHD Health Officer Name	Date
-------------------------------	--------------------------	------



ONSITE SEWAGE/ DRINKING WATER WAIVER APPLICATION INSTRUCTIONS

To complete the waiver application properly, please follow the directions below:

- Check the appropriate box at the top of the form indicating under which ordinance the waiver is requested.
- Fill out Site Address and Applicant information.
- Fill out Section 1 of the form completely:
 - Regulatory Requirement – List all (DW and OSS) waivers proposed for the project, (you may attach a second page if you need more room) for example:
 - 100 feet from septic tank to drinking water well
 - 50 feet from septic tank to surface water
 - Drainfield must be installed in undisturbed native soil
 - Waiver requested – List all requested waivers, for example:
 - 76 feet from septic tank to drinking water well
 - 40 feet from septic tank to surface water
 - Drainfield to be installed in disturbed fill soil
 - Waiver Justification and Mitigation – Provide information about why the waiver is necessary and what mitigation is proposed to allow for the approval of the requested waiver. This information must be complete and detailed, (you may attach a second page if you need more room) for example:
 - The existing drinking water well on this 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 2 of the application.