REQUEST FOR ISSUANCE OF WAIVER FROM DESIGN CRITERIA

I certify that the following statements are applicable to my lot:

1. The site has been rejected for an onsite repair solution.
2. Public sewer is not available to repair the failing onsite system.
3. There is not a suitable site available that fully complies with the requirements of 12VAC5-640-400, 420, 470H and 450.
4. There is no proposed increase in waste load except as noted in 12VAC5-640-260
5. The design will reduce an existing health hazard, or, will improve or negate environmental impacts associated with the existing discharge.

Attach the specific regulatory design waiver requested and the proposed mitigating actions that minimize health hazards associated with installation of a noncompliant wastewater system. (Applicant/owner is advised to seek advice of a licensed designer before completing this section of form.)

As owner of the proposed system, I agree to comply with all of the design conditions set forth in 12VAC5-640-260, have provided justification for issuance of a waiver, and have included complete documentation providing the mitigating actions to be used to eliminate and/or minimize public health impacts of the proposed discharge system. I understand that design of this system will (or may) require submittal of design plans, and installation of a system requiring a higher reliability status than what is normally required for those systems that fully meet the requirements of 12VAC5-640, and agree to comply with the additional maintenance/monitoring/operation conditions of the required design.

Owner name-(Please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner signature-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiver Request Approved?: \_\_\_\_\_Yes \_\_\_\_No**

VDH Staff name: (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VDH Staff signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide justification for decision:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_