

TOWN OF KINGSTON
Department of Health
Kingston, New Hampshire 03848

Subsurface Disposal System Waiver Request

Note: A separate form is required for each rule/section/item for which a waiver is requested.

Owner Name: _____
Tax map number: _____ Lot number: _____
Street/Town: _____

Applicant/Designer Name: _____
Address: _____
Town: _____ State: _____ Zip Code: _____

REQUIRED INFORMATION: (Use additional pages if necessary & attach backup calculations and data)

1. Rule/Section for which waiver is being sought:
Number: 17.10. _____
Rule/Section requirement: _____

2. Reason waiver necessary: _____

Hardship caused by adhering to rule: _____

3. Explanation of alternative sought by waiver: _____

4. Full explanation of how granting of the requested waiver is consistent with the intent of Article 17.10 of the Rules & Regulations of the Town of Kingston Board of Health _____

5. Demonstrate how the alternatives proposed are at least equivalent to the specific requirements contained in the rule.

REQUIRED SIGNATURES: Owners signature acknowledges agreement and consent to this waiver.

Applicant: _____

Date: _____

Owner: _____

Date: _____

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Waivers: The rules contained in the subsurface disposal system rules and regulations are intended to apply to a variety of conditions and uses. It is recognized that strict compliance with all rules prescribed herein may cause hardship or not fit every conceivable situation. The purpose of this section shall be to accommodate those situations.

6. Any application filed pursuant to these rules may include one or more requests for a waiver of specific rules outlined in the regulation as set forth in this section:
 - a. All requests for waivers shall be submitted to the Health Officer.
 - b. Each applicant's request for a waiver shall include the following information:
 - i. A specific reference to the section of the rule for which a waiver is being sought;
 - ii. A full explanation of why a waiver is necessary and demonstration of hardship caused if the rule is adhered to;
 - iii. A full explanation of the alternatives for which a waiver is sought, with backup calculations and data for support; and
 - iv. A full explanation of how the grant of the waiver is consistent with the intent of this regulation.
 - c. The Health Officer shall approve a request for waiver upon finding that:
 - i. The alternatives proposed are at least equivalent to the specific requirements contained in the rule; or
 - ii. If the alternatives proposed are not equivalent to the requirements contained in the rule, they are adequate to ensure that the intent of this regulation is met.
 - d. Waivers shall be granted in writing as part of the approval, shall expire with the approval and shall be transferable with the approval.
 - e. A formal waiver request form shall be completed by the applicant which contains all of the above requirements. The owner shall co-sign and acknowledge agreement and consent to all waiver requests.
 - f. The Health Officer shall deny a request for waiver upon finding that:
 - i. The alternatives proposed are not equivalent to the specific requirements contained in the rule; or
 - ii. The alternatives proposed are not adequate to ensure that the intent of this regulation is met.
 - g. Waivers shall be denied in writing as part of the denial of the application.