



Reno County Health Department
 209 W 2nd Hutchinson KS 67501
 Phone: 620-694-2900 Fax: 620-665-8883

Waiver Request

Property Owner: _____ Address: _____

Code Reference

Description

Ch. 2, Article 1
 Section VI, B (3)(A)

Reduce the separation distance requirement for any well to:
 Septic tank from 100 feet to _____ feet.
 Lateral system from 100 feet to _____ feet.

Ch. 2, Article 1
 Section VI, B (3)(B)

Reduce the separation distance requirement for property line(s)
 to wastewater system from: 50 feet to ___ feet N S E W
 50 feet to ___ feet N S E W
 50 feet to ___ feet N S E W
 50 feet to ___ feet N S E W

Ch. 2, Article 1
 Section VI, D (1)

Reduce the separation distance requirement for property line(s)
 to lagoon from: 100 feet to ___ feet N S E W
 100 feet to ___ feet N S E W
 100 feet to ___ feet N S E W
 100 feet to ___ feet N S E W

Ch. 3, Article 3 Section
 VIII, D

Reduce the separation distance requirement for any well
 to property line(s) from: 25 feet to ___ feet N S E W
 25 feet to ___ feet N S E W
 25 feet to ___ feet N S E W
 25 feet to ___ feet N S E W

Ch.____, Article _____,
 Section _____

Disclaimer of Liability - This Code shall not be construed or interpreted as imposing upon the County, or its officials or employees: (1) any liability or responsibility for damages to any property; or (2) any warranty that any installation, system or portion thereof that is constructed, repaired or modified under permits or inspections required by this Code will function properly. In addition, any employee charged with the enforcement of this Code, who acts in good faith and without malice in the discharge of his duties, shall not thereby be personally liable for damage which may occur to any person or property as a result of the discharge of his duties.

Attach Diagram and Narrative to Waiver

Applicant Signature _____

Date _____

For Official Use Only:

Waiver is:

Approved Denied

Comments:

Staff Review		Criteria
Initials	Date	() Other options available
		() Additional space not available
		() Maintain portions of existing system
		() Best use of site / Avoid site restrictions
		() Other

Supervisor / Health Officer Signature (please circle) _____

Date _____