INDIVIDUAL WAIVER

From Requirements of Keuka Watershed Improvement Cooperative
For Individual Household Sewage Disposal Systems

GENERAL INFORMATION (Applicant Complete)

Name of Applicant _____
Last First MI

Address _____
No. Street City/Town State Zip

Site Location _____
No. Street City/Town State Zip

_____(Applicant – Do not write below this line)_____

1. Reason site does not meet part 75 of NYS Sanitary Code: (check appropriate lines)
   _____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 lines)
   _____Increased risk of well or spring contamination
   _____Increased risk of surface water contamination
   _____Increased risk of inadequately treated sewage on the ground surface
   _____Expected design life of the system will be diminished
   _____Operation of onsite wastewater treatment 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 the Keuka Watershed Improvement Cooperative, 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.

_____ _____
Paul R. Bauter Applicant
Watershed Manager