



**Division of Environmental Health**

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## Onsite Wastewater Treatment System (OWTS) Variance Application

Variance of site suitability criteria and evaluation methods specified in the *Humboldt County Onsite Wastewater Treatment System (OWTS) Regulations and Technical Manual (RTM)* may be granted when it can be satisfactorily demonstrated that water quality will not be impaired and public health will not be threatened as a result of granting the variance(s).

**OWNER INFORMATION**

**Assessor's Parcel Number (APN):** \_\_\_\_\_

**Site Address:** \_\_\_\_\_ Street \_\_\_\_\_ City, Zip \_\_\_\_\_

**Property Owner Name:** \_\_\_\_\_

**Owner Phone Number:** \_\_\_\_\_

**Owner Mailing Address:** \_\_\_\_\_ Street \_\_\_\_\_ City, Zip \_\_\_\_\_

**CRITERIA OR EVALUATION METHOD**

List each criteria or evaluation method – including the citation of page and part number – of the RTM of which you are requesting a variance:


**PLEASE CHECK THE BOXES TO SHOW CONCURRENT SUBMITTAL OF THE FOLLOWING:**

- Variance Application Fee
- Complete OWTS Application Package
- Justification prepared and signed by Qualified Professional

**APPLICANT INFORMATION**

**Applicant Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ Street \_\_\_\_\_ City, Zip \_\_\_\_\_

<b>Applicant Signature:</b> _____	<b>Date Signed:</b> _____
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If paid by Credit Card: Date and amount paid \_\_\_\_\_ Confirmation #: \_\_\_\_\_

* FOR OFFICE USE ONLY *		O.P confirmed by:	
<b>Fee Collected</b> \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check#: _____	<b>Receipt number:</b> _____	<b>OA Initials and date entered:</b> _____
<b>VPA</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <b>Concurrence granted</b>	<input type="checkbox"/> <b>Concurrence withheld</b>	
<b>Notes:</b> .....			