



HURON COUNTY GENERAL HEALTH DISTRICT

Timothy Hollinger, MPH, Health Commissioner

180 Milan Avenue, Suite 8
Norwalk, OH 44857
e-mail: information@huroncohealth.com

419-668-1652 or 1-888-694-2443 Toll-Free
419-668-5423 General Fax
419-660-0129 Environmental Health Fax

Any person who believes that a variance from the rules of this chapter is necessary shall make application in writing to the board of health, specifically stating the proposed variance from the particular rule or rules.

The Huron County Board of Health meets on the Thursday after the first Monday of each month. Variance requests must be submitted at least one week prior to the meeting to be placed on the meeting agenda. Notify the Environmental Division whether you will be attending the meeting or not. It is not necessary to attend; department personnel can present your written request. In order to help you in your variance presentation to the Board of Health, consider the following guidelines:

1. Briefly state what you are requesting the Board of Health to allow you to do.
2. Explain why it is a hardship for you to follow the existing rules / Health Department Sewage Disposal System recommendation.
3. Be prepared to answer questions concerning your variance request.

HCGHD HOUSEHOLD SEWAGE TREATMENT SYSTEM RULES CHAPTER 29-01 TO 29-17

29-17 Variances and related provisions

(B) The board of health may grant a variance from the requirements of this chapter as shall not be contrary to the public interest, where a person shows that because of practical difficulties or other special conditions compliance with this chapter will cause unusual and unnecessary hardship, and that no other technically feasible or economically reasonable means of compliance exists in rule. Financial impact alone may not form the basis for a variance under this rule. No variance shall be granted that will defeat the spirit and general intent of this chapter, or be otherwise contrary to the public interest or adversely affect the public health or cause contamination of the environment.

Explanation

A variance should only be granted to a person having a particular problem with a household sewage treatment system. Such variance shall not be detrimental to public health or safety. An example of a situation *where a variance could be considered* is explained below:

- A household sewage disposal system is to be installed replacing one that was creating a nuisance. It is determined that the owner *cannot comply* with Chapter 29-06 (E) (1). This section requires that a suitable area be available for the complete relocation and replacement of the household sewage disposal system and the system must be located at least 10 feet from an occupied building that was constructed prior to the effective date of this rule. It is determined that the disposal system could be located 8 feet from the building and if this structure does not have a basement. Pooling of sewage beneath the house is, therefore, not a hazard.
- A variance could be granted in a situation like the above and would not defeat the spirit or general intent of the rules or be otherwise contrary to the public interest.

Variance Request Fee: \$50.00

Receipt # _____ Date Paid _____

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HOUSEHOLD SEWAGE TREATMENT SYSTEM RULES VARIANCE REQUEST

The Board of Health meets on the Thursday after the first Monday of each month. The variance request and fee must be submitted at least one week prior to the meeting to be placed on the agenda.

NAME: _____ PHONE #: _____

CURRENT ADDRESS & CITY: _____

CITY: _____ STATE: _____ ZIP: _____

PROPERTY ADDRESS & TWP: _____

BRIEFLY STATE WHAT YOU WOULD LIKE THE BOARD OF HEALTH TO CONSIDER:

_____ D1: Add _____ " of sand to meet the 12" of in situ soil to the limiting layer

BRIEFLY EXPLAIN WHY IT WOULD "CAUSE UNUSUAL AND UNNECESSARY HARDSHIP" FOR YOU TO FOLLOW THE HOUSEHOLD SEWAGE DISPOSAL REGULATIONS:

_____ D1: If variance is not granted, the type of system designed could not be installed. The design plan shall meet all sections of the HSTS Rules pertaining to this variance.

Applicant's Signature

Date

Variance Request Fee: \$50.00

Receipt # _____ Date Paid _____

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