



# Flathead City-County Health Department

1035 1st Ave. West Kalispell, MT 59901

(406)-751-8101 FAX 751-8102

www.flatheadhealth.org

Community Health Services  
406-751-8110 FAX 866-380-1740  
Environmental Health Services  
406-751-8130 FAX 406-751-8131  
Flathead Family Planning  
406-751-8150 FAX 855-931-9091  
Population Health Services  
406-751-8101 FAX 406-758-2497  
WIC Services  
406-751-8170 FAX 406-751-8171  
Animal Shelter  
406-752-1310 FAX 406-752-1546

## WASTEWATER VARIANCE REQUEST

The local Board of Health shall have the authority to grant a variance from a requirement of the Flathead County Regulations for Onsite Sewage Treatment Systems unless it conflicts with state or federal law.

An application for a variance may be made to the Board of Health within 60 days of a denial of an application for a permit. The Health Officer shall receive all applications for a variance in writing. It is recommended that variance applications are turned in 30 days prior to the next Board of Health meeting to allow the Department adequate time to process the variance request.

**Variance Application Request Fee of \$600, each variance beyond 1<sup>st</sup> request within the application additional \$150.**

**Total Fee** \_\_\_\_\_

**Receipt Number** \_\_\_\_\_

The following application must be completed for a variance request.

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Physical Address of Property: \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Section: \_\_\_\_\_ Township: \_\_\_\_\_ N Range: \_\_\_\_\_ W Assessor Number: \_\_\_\_\_

Certificate of Survey (COS) or Deed Exhibit No. \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

County Assessor's Tract No. (example Tr. 1AA) \_\_\_\_\_

Parcel Size: \_\_\_\_\_ E mail address: \_\_\_\_\_

Describe PERMIT denial (if applicable). Attach additional sheet or denial letter received from this Department as necessary:

Wastewater System Designer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Licensed Installer: \_\_\_\_\_ Phone: \_\_\_\_\_

Wastewater System: (Circle all that Apply) New Replacement Failed Alteration

Structure(s) (Circle) Single Family Multi-Family Mobile Home Commercial Garage/Shop Other

Water System: (Circle) Existing Proposed (Circle) Well Lake Spring Community Water System



*Providing quality public health services to ensure the conditions for a healthy community.*



Detailed Project Description (e.g. "Construction of a new 3-bedroom single family home with a garage with bathroom")

Attach as a cover letter as necessary to adequately describe project description.

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Describe in detail how each of the following criteria will be met (*use additional attached narrative*).

- (1) **The local board of health may grant a variance from a requirement only if it finds that all the following criteria exist:**
  - (a) Granting the variance will not:
    - (2) (i) contaminate any actual or potential drinking water supply;
    - (3) (ii) cause a public health hazard as a result of access to insects, rodents, or other possible carriers of disease to humans;
    - (4) (iii) cause a public health hazard by being accessible to persons or animals;
    - (iv) violate any law or regulation governing water pollution or wastewater treatment and disposal, including the rules contained in this subchapter except for the rule that the variance is requested from
    - (5) (v) pollute or contaminate state waters, in violation of 75-5-605, MCA;
    - (vi) degrade state waters unless authorized pursuant to 75-5-303, MCA; or
    - (6) (vii) cause a nuisance due to odor, unsightly appearance, or other aesthetic consideration;
  - (7) (b) compliance with the requirement from which the variance is requested would result in undue hardship to the applicant;
    - (c) the variance is necessary to address extraordinary conditions that the applicant could not reasonably have prevented;
    - (d) no alternatives that comply with the requirement are reasonably feasible; and
    - (e) the variance requested is not more than minimum needed to address the extraordinary conditions.
  - (3) the local board of health's decision regarding a variance of a requirement in this subchapter or in Department Circular DEQ-4 may be appealed to DEQ pursuant to ARM 17.36.924

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_