















Transmittal # \_\_\_\_\_

# BRP WP 59b

Facility ID (if known) \_\_\_\_\_

# DEP Approval of Variance Granted by Board of Health

Please read the Instructions and Supporting Materials before filling out this form.

This permit application is necessary for all variances granted by Board of Health, except variances for increased flow to existing systems.

## A. General Information

**Important:**  
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Applicant:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone

2. Facility/Proposed System Address (if different from Applicant):

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

3. System Designer Information (Registered Sanitarian (RS) or Professional Engineer (PE) for systems under 2,000 gallons per day; PE for systems 2,000 gallons or more per day):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone

4. Registration:

\_\_\_\_\_  
Massachusetts Registered P.E.

\_\_\_\_\_  
Massachusetts Registered Sanitarian

\_\_\_\_\_  
Registration Number



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## A. General Information (cont.)

5. Is the proposed system part of a project requiring a filing under 301 CMR 11.00, the Massachusetts Environmental Policy Act?  Yes  No

If yes, has a filing been made?  Yes  No

\_\_\_\_\_  
If yes, EOE File #

6. The legal entity that owns or will own this facility is:

- Individual       Municipality       Private Partnership
- Federal       State/Country       Corporation
- Other

Specify \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

7. Two complete sets of plans and specifications, (four for submittals to the Springfield Office), including a locus map, properly stamped and signed by a Massachusetts Registered Professional Engineer or Massachusetts Registered Sanitarian, must accompany the application.

Are plans and specifications attached?  Yes  No

8.  Variance(s) from the following Title 5 provision(s) is/are being sought:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. A letter of approval for the variance, issued by the Board of Health having jurisdiction over the system, must be attached.

Is the approval letter attached?  Yes  No



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## A. General Information (cont.)

10. If applying for approval of a variance that requires notification of abutters under 310 CMR 15.411, a copy of the notification sent to the abutters and proof of notice must accompany this application.

Is a copy and proof of the notification attached?     Yes    No

11. In accordance with 310 CMR 15.410, the applicant must establish that the strict enforcement of the provision of the Code for which the variance is being sought would be manifestly unjust and that a level of environmental protection that is at least equivalent to that provided under the Code can be achieved without strict application of the particular provision.

Is documentation in support of meeting these requirements attached?

Yes     No

You must complete the following:

a) I have established that enforcement of the provision from which a variance is sought would be manifestly unjust, considering all of the relevant facts and circumstance of this case, as follows (attach additional sheets if necessary):

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b) I have established that a level of environmental protection that is at least equivalent to that provided under 310 CMR 15.000 can be achieved without strict application of the provision(s) from which I am seeking a variance, as follows (attach additional sheets if necessary):

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## A. General Information (cont.)

12. Is the variance requested for new construction as "new construction" is defined in 310 CMR 15.002?

Yes     No

If yes, you must complete the following:

I have established that enforcement of the provision from which a variance is sought would deprive me of substantially all beneficial use of the subject property as follows (attach additional

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Is a copy of the complete application that was submitted to the Board of Health attached?

Yes     No

## B. Certification

"I certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Name of Preparer

\_\_\_\_\_  
Date