



Monterey County Environmental Health Bureau

Onsite Wastewater Treatment System (OWTS)

Variance Request

A variance request may be granted at the discretion of the Environmental Health Bureau Director when it has been demonstrated that there is no feasible option available to install an OWTS that meets all of the requirements specified in Monterey County Code (MCC), Chapter 15.20, Sewage Disposal Ordinance. Allowance of a variance must not result in degradation to the environment or present a risk to public health and may not constitute a special privilege.

Site Address: _____

City: _____

APN: _____

Please explain existing circumstances on site and provide specific reasons how granting a variance from the Standards and Specifications in MCC 15.20.070 would improve the current method of wastewater disposal. Attach a separate sheet of paper if necessary:

All variance requests must be accompanied by a site diagram / map, indicating the following items:

- Buildings / Structures
- Property Lines
- Water Wells / Tanks
- Drainage Retention Features
- Uphill / Downhill Slopes, more than 25%
- Pools & Spas
- Existing OWTS
- Curtain Drains
- Bodies of Water / Drainage Ways (Ponds, springs, creeks (flowing or seasonally dry))
- Trees

I, the undersigned owner of the property identified above, hereby request a variance from the technical standards of Monterey County Ordinance 15.20 and the Environmental Health Bureau requirements. I acknowledge that this variance information should be disclosed to subsequent property owners. Include appropriate documentation when an agent has been authorized to act/sign on behalf of the property owner.

Signature of Property Owner: _____ Date: _____

Print Name: _____

Mailing Address: _____
Street Address City Zip Code

Signature of Septic Contractor _____ CA License # _____

-----DEPARTMENT USE ONLY – DO NOT COMPLETE FORM BELOW THIS LINE-----

Variance recommended based on the following:

Recommended By: _____ Date: _____
Registered Environmental Health Specialist

Approved By: _____ Date: _____
Supervising Environmental Health Specialist