

BRAZOS COUNTY ON-SITE SEWAGE FACILITY VARIANCE REQUEST FORM

§285.3. (2) Variance requests shall be submitted with the application and shall be reviewed by the permitting authority according to subsection (h) of this section.

Site Address: _____

Texas Professional Engineer or Sanitarian (Print Name): _____ LICENSE #: _____

§285.3. (h)(2) Any request for a variance under this subsection must contain planning materials prepared by either a professional sanitarian or at professional engineer (with appropriate seal, date, and signature).

State Variance Requested (Use back of this form, if additional space needed):

§285.3. (h)(1) A variance may be granted if a professional sanitarian or professional engineer representing the owner, demonstrates to the satisfaction of the permitting authority that conditions are such that equivalent or greater protection of the public health and the environment can be provided by alternate means. Variances for separation distances shall not be granted unless the provisions of this chapter cannot be met.

Justification/Reason for Request (Use back of this form, if additional space needed.):

PE or RS Signature: _____ Date: _____ PE or RS Stamp:

FOR BCHD USE ONLY

Date of Review: _____ Permit #: _____

APPROVED/DISAPPROVED

License: _____

DR-RS Signature