



**Public Health**  
Prevent. Promote. Protect.

# LAKE REGION DISTRICT HEALTH UNIT (LRDHU)

## Application for Onsite Sewer Variance

For Benson, Eddy, Pierce, and Ramsey counties

**APPLICATION FEE: TBD**

**Owner:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Project address: \_\_\_\_\_

Mailing address (if different than above): \_\_\_\_\_

Township, Section, and Range: \_\_\_\_\_

Legal Description (*attach copy of description from the County office*):  
\_\_\_\_\_

*(Note: If a legal description is not available, a survey for legal description shall be attached to this form).*

**AFFECTED PROPERTY:**

(Attach additional sheet if more than one property is affected):

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

**SITE PLAN:**

Please attach a site plan for the layout and the design of the proposed sewage treatment system. Include lot size, structures, wells, proposed setbacks and limiting factors (i.e. slopes, wetlands, trees, and vegetation).

**VARIANCE(S) REQUESTED:**

*Please list the variance(s) requested:*

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

## COMMENTS EXPLAINING SEPTIC VARIANCE CRITERIA

Applicant Name: \_\_\_\_\_

1. Variances shall only be permitted when they are in harmony with the general purposes and intent of the Onsite Sewage Treatment System Rules and Regulations and where there are particular difficulties or "hardship" when carrying out the strict letter of the Rules and Regulations. "Hardship" as used in connection with the granting of a variance means the property cannot be put to reasonable use if used under the conditions of this Ordinance. (Economic considerations alone shall not constitute a hardship).

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

2. The plight of the owner is due to circumstances unique to the property not created by the owner, and the unique conditions affecting the property resulting of lot size, layout, shape, topography, soil conditions or other circumstances which the landowners have no control over. The variance, if granted, will not alter the essential character of the locality or have a significant adverse effect on surrounding properties.

*Please explain:*

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

3. The variance, if granted, will not have a significant adverse effect on the public health, safety, or be offensive to persons residing or working in the area adjacent to the property of the applicant and will not be materially detrimental to the public welfare or damaging to property or improvements in the area adjacent to the property or the applicant, and that granting of the variance will not adversely impact water quality.

*Please explain:*

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

I understand and agree that the septic system to be installed on my property will not be designed and installed to meet all of the requirements of the Rules and Regulations governing the installation and use of on-site sewage treatment systems due to unique site conditions. I understand and accept that the system may not last as long as a system that is designed and installed to meet all requirements. I agree to hold the Health District/Unit harmless from any and all actions that may result from approving this request.

\_\_\_\_\_  
Property Owner - Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner - Printed Name

\_\_\_\_\_  
Date

**Please mail or drop off this application to:** Lake Region District Health Unit – Environmental Health Division, 524 4<sup>th</sup> Ave NE – Unit 9, Devils Lake, ND 58301/Phone: (701) 662-7035/Fax: (701) 662-7097/ [www.lrdhu.com](http://www.lrdhu.com)

# AUTHORIZATION/REJECTION OF VARIANCE

*(Board of Health use only)*

\_\_\_\_\_  
Health District or Health Unit/Address/Phone Number

\_\_\_\_\_  
Variance Requested by

\_\_\_\_\_  
Project Address and County

\_\_\_\_\_  
City, State, Zip Code

**We have reviewed the request for an onsite sewer variance and the explanation of the method utilized to overcome the hardship or unique situation. Based on the information provided, we:**

\_\_\_\_\_ **Grant a variance for this project**

\_\_\_\_\_ **Cannot grant a variance for this project**

\_\_\_\_\_  
Signature – Board of Health Chairperson Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Chairperson

\_\_\_\_\_  
Phone Number

Note: When a variance is granted for an onsite sewer system, all future owners of the property must be advised of the variance that has been granted for the onsite sewer system. Issuance of a variance does not constitute any guarantee that the system will provide trouble free service. A granted variance may be revoked if the onsite sewer system is found to be malfunctioning at any time after the variance has been granted

*Variance Comments:*

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

**Office use only:**

*Date application was received by LRDHU:* \_\_\_\_\_

Variance application fee paid? Yes \_\_\_\_\_ No \_\_\_\_\_ Date paid: \_\_\_\_\_

Application filled out, completely? Yes \_\_\_\_\_ No \_\_\_\_\_ Notes: \_\_\_\_\_

Follow up and letter sent to variance requestor? Yes \_\_\_\_\_ No \_\_\_\_\_ Date sent: \_\_\_\_\_