



LMAS DISTRICT HEALTH DEPARTMENT

Environmental Health ■ Personal & Family Health ■ Emergency Preparedness

www.lmasdhd.org

**Luce County
& Administrative Office**
14150 Hamilton Lake Road
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Mackinac County
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Alger County
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Schoolcraft County
300 Walnut Street, Room 155
Manistique, MI 49854
Ph: (906) 341-6951
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Variance/Deviation Request

Office Use Only	
CLIENT ID #:	_____
Fees Paid	_____
Date	_____
Check #	_____
Receipt#	_____

Processing Fee: \$60.00

The health officer may grant a variance from the specific requirement of the Code when all of the following conditions exist:

1. No substantial health hazard or nuisance is likely to occur.
2. Strict compliance with the Code requirements would result in unnecessary or unreasonable hardship.
3. No State, Local statutes, or other applicable laws are violated.
4. The protection of the health, safety, and general welfare of the public is assured.

Indicate Type of Request:

Sewage Treatment System

- Residential
Superior Environmental Health Code
- Commercial
Michigan Criteria for Subsurface
Sewage Disposal

Water Supply Well

- Variance Request – Superior Environmental Health Code
- Deviation Request – Michigan Well Construction Code Part 127

*Deviations to Part 127 will only be granted under the allowable deviations in Rule 325.1613.

	Applicant	Owner (if different than applicant)
Name		
Address		
City		
State		
Zip		
Phone		

Property Identification:

Location: T ___ R ___ E/W, Section _____ Township _____

Property Tax ID Number _____ - _____ - _____ - _____

Provide very specific details when answering the following questions:

1. Describe specific section and/or rule number that the variance/deviation is being requested for:

2. Deviation: Provide the specific rule number from Part 127 and give a detailed explanation that justifies the deviation:

3. Explain how this variance/deviation will not affect the public health and/or cause a nuisance (use extra pages as needed): _____

4. The following information/data has been enclosed to support my request:

- Scaled plot plan of subject property and affected neighboring property.
- Soil Evaluations Report.
- Well log reports.
- Hydrological reports.
- Describe flow control measures taken to reduce flow per Rule 138 (2).
Explain, in detail, how flow is controlled. If applicable, include unrestricted flow rate _____ gpm and proposed discharge rate _____ gpm.
- Engineered plans.
- Other

Applicant Signature

Date

Owner's Signature (if different than applicant)

Date

***Variances are reviewed on a case-by-case basis.
Submittal of this request and payment of fee does not guarantee this variance will be requested.***

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Sanitarian

Date

Recommendation: Approve Deny

Comments:

Signature of Environmental Health Director

Date

Action: Approved Denied

Letter sent to applicant: yes no