



**Luce County** • 14150 Hamilton Lake Road, Newberry, MI 49868 • (906) 293-5107 • Fax (906) 293-5453

**Mackinac County** • 749 Hombach Street, St. Ignace, MI 49781 • (906) 643-1100 • Fax (906) 643-0239

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**Schoolcraft County** • 300 Walnut St., Room 155, Manistique, MI 49854 • (906) 341-6951 • Fax (906) 341-5230

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## Variance/Deviation Request

**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 to the petitioner.
3. No State, Local statutes, or other applicable laws would be violated.
4. The protection of the health, safety, and general welfare of the public is assured.

**Indicate Type of Request:**

**Sewage Treatment System**

Residential Variance Request –  
Upper Peninsula Environmental Health Code

Commercial Variance Request –  
Michigan Criteria for Subsurface  
Sewage Disposal

**Water Supply Well**

Variance Request –  
Upper Peninsula 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		
Email		

**Property Identification:**

Location: T \_\_\_\_ R \_\_\_\_ E/W, Section \_\_\_\_ Township: \_\_\_\_\_

Property Tax ID Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Provide very specific details when answering the questions below.**

**Note: Complete #1, #3 & #4 for a variance request, complete #2, #3 and #4 for a deviation request.**

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

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

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

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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.***

**\*\*\*OFFICE USE ONLY\*\*\***

\_\_\_\_\_  
Sanitarian

\_\_\_\_\_  
Date

Recommendation:     Approve     Deny

Comments:

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\_\_\_\_\_  
Signature of Environmental Health Director

\_\_\_\_\_  
Date

Action:     Approved     Denied

Letter sent to applicant:     Yes     No

Conditions:

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