



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
Alger County • E9526 Prospect Street, Munising, MI 49862 • (906) 387-2297 • Fax (906) 387-2224
Schoolcraft County • 300 Walnut St., Room 155, Manistique, MI 49854 • (906) 341-6951 • Fax (906) 341-5230

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FOR OFFICE USE ONLY

Fee Paid:

Date:

Cash/Check/CC:

Receipt #:

Variance/Deviation Request

Processing Fee: \$65.00

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

Water Supply Well

Residential Variance Request –
Upper Peninsula Environmental Health Code

Commercial Variance Request –
Michigan Criteria for Subsurface
Sewage Disposal

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:

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 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.

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

Sanitarian

Date

Recommendation: Approve Deny

Comments:

Signature of Environmental Health Director

Date

Action: Approved Denied

Letter sent to applicant: Yes No

Conditions:
