



**Reno County Health Department**  
 209 W 2nd Hutchinson KS 67501  
 Phone: 620-694-2900 Fax: 620-694-2901

# Waiver Request

Property Owner: \_\_\_\_\_ Address: \_\_\_\_\_

**Code Reference**

**Description**

- Ch. 2, Article 1  
 Section VI, B (3)(A)
  - Reduce the separation distance requirement for any well to:
    - Septic tank from 100 feet to \_\_\_\_\_ feet.
    - Lateral system from 100 feet to \_\_\_\_\_ feet.
  
- Ch. 2, Article 1  
 Section VI, B (3)(B)
  - Reduce the separation distance requirement for property line(s) to wastewater system from:
 

50 feet to _____ feet	N	S	E	W
50 feet to _____ feet	N	S	E	W
50 feet to _____ feet	N	S	E	W
50 feet to _____ feet	N	S	E	W
  
- Ch. 2, Article 1  
 Section VI, D (1)
  - Reduce the separation distance requirement for property line(s) to lagoon from:
 

100 feet to _____ feet	N	S	E	W
100 feet to _____ feet	N	S	E	W
100 feet to _____ feet	N	S	E	W
100 feet to _____ feet	N	S	E	W
  
- Ch. 3, Article 3 Section VIII, D
  - Reduce the separation distance requirement for any well to property line(s) from:
 

25 feet to _____ feet	N	S	E	W
25 feet to _____ feet	N	S	E	W
25 feet to _____ feet	N	S	E	W
25 feet to _____ feet	N	S	E	W
  
- Ch.\_\_\_\_, Article \_\_\_\_\_,  
 Section \_\_\_\_\_

**Disclaimer of Liability** - This Code shall not be construed or interpreted as imposing upon the County, or its officials or employees: (1) any liability or responsibility for damages to any property; or (2) any warranty that any installation, system or portion thereof that is constructed, repaired or modified under permits or inspections required by this Code will function properly. In addition, any employee charged with the enforcement of this Code, who acts in good faith and without malice in the discharge of his duties, shall not thereby be personally liable for damage which may occur to any person or property as a result of the discharge of his duties.

**Attach Diagram and Narrative to Waiver**

Applicant Signature: I understand that by typing my name and submitting this form that I am electronically signing this document \_\_\_\_\_ Date: \_\_\_\_\_

For Official Use Only:

Staff Review		Criteria
Initials	Date	( ) Other options available
		( ) Additional space not available
		( ) Maintain portions of existing system
		( ) Best use of site / Avoid site restrictions
		( ) Other

Waiver is:  
 Approved     Denied

Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Supervisor / Health Officer Signature (please circle) \_\_\_\_\_ Date \_\_\_\_\_