



Application for a Request of Variance to the Regulations Respecting On-site Sewage Disposal Systems

Owner: _____
PID: _____
Community: _____
Subdivision: _____
Lot #: _____

This checklist and application is to be included with every variance request. By completing this checklist the Qualified Person certifies that the variance request and supporting documents conforms with the Environment Act, the On-Site Sewage Disposal Systems regulation (*Regulations*), and the On-Site Sewage Disposal Systems Technical Guidelines (*Guidelines*). If an item is checked off in Section A, the variance request will not be approved. Any item not checked off in Section B may result in delays in the processing of the application.

Section A

- The lot was created by an instrument of subdivision (i.e. plan) as defined under the *Municipal Government Act*;
- The minimum lot size requirements, clearance distances and specifications of the On-site Sewage Disposal Systems (*System*), as detailed in the current *Guidelines*, can be met;
- if, at the point when the lot was created and granted subdivision approval by the Municipality or Planning Commission / Agency, it was stipulated by the Provincial Department that the lot was unsuitable for the installation of an on-site sewage disposal system
- if, at the point when the lot was created and granted subdivision approval by the Municipality or Planning Commission / Agency, it was stipulated by the Municipality or proponent the intended use for the lot did not require the installation of an on-site sewage disposal system.
- The separation distance to a dug or drilled well, cistern or contained water system on a **neighbouring property** as specified under Section 13 of the OSSDS Regulations is **not** being achieved.
- The separation distance to bedrock, groundwater or soil with permeability greater than 500×10^{-6} metres per second as specified under Section 13 of the *Regulations* is **not** being achieved

Section B:

- documentation that the minimum clearance distances, as per Section 13 of the *Regulations* were maintained where possible or otherwise maximized
- report completed by the Qualified Person Level 1 that outlines reasons why failure to meet the regulations will not result in the increased possibility of an adverse effect.
- documentation that dimensions of any imported sand fill will meet the requirements the *Guidelines* and are to be contained within the lot boundary
- a report from a hydrogeologist licensed to practice in the Province of Nova Scotia if the request includes a variance of the separation distance from the on-site sewage disposal system to a dug or drilled well. This report is to confirm that not meeting the clearance distances in the Regulations will not result in the increased possibility of an adverse effect.
- documentation that indicates that the separation distance to a dug or drilled well, cistern or contained water system on a **neighbouring property** are no less than the separation distances specified under Section 13 of the *Regulations*.
- all documentation / information on the creation of the lot, especially if lot was created after August 6, 1984.



In keeping with the privacy provisions of the *Nova Scotia Freedom of Information & Protection of Privacy Act*, Environment will only use personal information for the purpose for which the information was obtained or compiled, or for a use compatible with that purpose.

Application for a Request of Variance to the Regulations Respecting On-site Sewage Disposal Systems

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| NAME OF APPLICANT: | |
| MAILING ADDRESS: | TELEPHONE: |
| COMMUNITY: | POSTAL CODE: |

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| SITE CIVIC ADDRESS: | SITE PID: |
| SITE COMMUNITY | SITE LOT No.: |
| PROPERTY OWNERS NAME: | |

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| SECTION OF THE REGULATIONS WHERE A VARIANCE IS REQUIRED: |
| REASON FOR REQUEST (Note: Must include outline of reasons why failure to meet the regulations will not result in the increased possibility of an adverse effect): |
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| I hereby certify with my signature that the information contained in this application was completed to the best of my knowledge. | |
| SIGNATURE OF QUALIFIED PERSON: | PRINT NAME: |
| CERTIFICATE / APENS #: | Date: |
| SIGNATURE OF THE APPLICANT: | PRINT NAME: |