



Public
Health

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ENVIRONMENTAL HEALTH DIVISION SEPTIC SYSTEM VARIANCE REQUEST

Email EHSEPTICPROGRAM@KERNCOUNTY.COM

OWTS Permit #:		Lot Size:		BID Permit #:	
Type of Work:	☐ New Construction/ Replace Existing	☐ Expand/Repair*		☐ Remove/Replace Tank	
Type of System:	☐ Residential	☐ Commercial	☐ Engineered	☐ Alternative	

Address: _____ APN: _____

Description of work to be done: _____

Request for variance: _____

Reason for variance: _____

Document(s) provided: _____

Submitted By: _____ Date: _____

Email: _____

**Please attach any necessary documents that will help obtain an approval for the Exemption Request.
Thank you.**

FOR OFFICE USE ONLY

☐ REQUEST APPROVED ☐ REQUEST DENIED

Reason For Approval/Denial: _____

Required Alternative: _____

Signed By: _____ Date: _____