

REQUEST FOR WAIVER FOR SEWER HOOKUP

Date:

Applicant's Name:

Address:

Property Location:

Map/Lot:

At your request an onsite inspection was conducted on your property on: _____ to determine whether or not a sewer waiver would be granted to allow you to refrain from connecting to public sewer for twenty (20) years or until the system fails, which ever is sooner. At that onsite it was determined there was no visible malfunction of your subsurface wastewater disposal system, therefore a twenty year waiver is granted from the date of your site evaluation/ soil scientist evaluation date.

Based on our review of the site evaluation that you included, we have granted a waiver for twenty (20) years, to expire _____, or until the system fails, which ever is sooner.

If you have any questions or concerns, please feel free to contact us.

Code Enforcement Officer
Town of York

cc: York Sewer District