



NANTUCKET HEALTH DEPARTMENT
3 EAST CHESTNUT STREET
NANTUCKET, MASSACHUSETTS 02554
 Telephone 508.228.7200
 Fax 508.325.6117

BOARD OF HEALTH REGULATION
VARIANCE REQUEST
 \$20 per request

I am requesting: (Check one.)

- A variance of a Local Board of Health Regulation**
- A variance of a State Public Health Regulation (310 CMR 15, 105 CMR 590, etc...)**

Please write an explanation of the variance requested (use separate paper if needed):

310 CMR 15:211 : Minimum setback distances,

Allow for a reduction from 10-ft. To 3-ft. separation from property lines to leaching system.

Nantucket Board of Health Regulations:

51.02 a. Reduce setback distance between the leaching system and any potable water supply well from 150 feet to 100 feet.

51.02 b. Reduce setback distance between a property line and a leaching system from 50 feet to 3 feet.

51.02 c. Request that a reserve area not be required.

Requestor Name: Richard & Heidi Kozer (owners), c/o Dan Mulloy

Company Name: (if applicable) c/o Site Design Engineering LLC

Address: 1 A Street MAP: 60.2.4 PARCEL: 79

Phone No. 508-503-3500 Fax No. 508-967-0674

Email: dmulloy@sde-ldec.com

Requestor's Signature: *Domid E. Mulloy*

Date: 7/1/21

Please be advised that the Health Department accepts variance requests up to one week before a scheduled Board of Health meeting. Applications received after this deadline will be placed at the subsequent scheduled meeting.

Received by: _____

Date: _____