



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):

Request a variance from Local Board of Health Regulation section 64.04E. System Weight Loading Criteria.
The proposed leaching system is not located in an area subject to vehicular loading and therefore the use of a
specifically designed and constructed H-20 load rated leaching system is not necessary.

Requestor Name: Randy Hilst
Company Name: (if applicable) _____
Address: 1 Golfview Drive MAP: 66 PARCEL: 143
Phone No. 774-236-9374 Fax No. _____
Email: randyhilst@comcast.net

Requestor's Signature: _____ Date: 1/13/2022

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: _____