



**ENVIRONMENTAL HEALTH DIVISION
SEPTIC SYSTEM EXEMPTION REQUEST**
Email EHsepticprogram@kerncounty.com

OWTS Permit #:		Lot Size:		BID Permit #:	
Type of Work:	<input type="checkbox"/> New Construction/ Replace Existing	<input type="checkbox"/> Expand/Repair*		<input type="checkbox"/> Remove/Replace Tank	
Type of System:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Engineered	<input type="checkbox"/> 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: _____