



TOWN OF WESTPORT
WESTPORT, MASSACHUSETTS 02790

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OFFICE OF BOARD OF HEALTH
 856 MAIN ROAD

MAXIMUM FEASIBLE COMPLIANCE (MFC) WAIVER REQUEST
(Rev. April 2021)

Per Title 5, DEP policy and the Westport Board of Health Maximum Feasible Compliance Policy this property is in a nitrogen sensitive area. The property owner is seeking a waiver of the general requirement to provide enhanced nitrogen removal that reduces the amount of nitrates entering the groundwater.

Recent property (and abutter, if applicable) well water test data must be submitted in all cases

Address: _____

Property Owner: _____

Date of request: _____ Engineer: _____

Waiver requested due to (check all that apply): <input type="checkbox"/> Site/Water Quality conditions <input type="checkbox"/> Financial <input type="checkbox"/> Other: _____

Nitrogen Sensitive Area: (CHECK ALL THAT APPLY) Undersized lot (< 10,000 sq. ft. per bedroom) with onsite well; Interim wellhead protection area; Zone II of public water supply well

Bedroom & Lot Information	
# of current bedrooms	
Size of lot in square feet	
If seasonal use, specify occupancy period	
System Information	
Current type of system & flow design (gpd)	
Proposed system flow design (gpd)	
Type of proposed system	
Well & Water Quality Info – Attach Test Results	
Distance of proposed site well to SAS	
Identify any abutter wells less than 100 feet from SAS	
List coliform, nitrate and ammonia concentrations for property well & any other wells within 100 feet of septic	
Site Conditions	
Gradient (up or down) of any wells < 100 feet from SAS	
Well depth (shallow or deep)	
Estimated distance from SAS to nearest river/stream	
Financial – Required only for request based on cost	
Standard System equipment and installation estimate	
+ \$10,000 (est.) for N reducing component – provide specific quotes if added cost would be higher	
Property Assessed value (attach Assessor card)	
Used for short or long-term rental – Y or N?	

I certify that the information provided above is true and accurate to the best of my knowledge and belief. I understand that if the MFC waiver is granted, the owner will need to execute a Hold Harmless Agreement, as well as comply with any other conditions the Board of Health requires in order to approve the waiver.

Signature: _____
 (OWNER)

Date: _____

Signature: _____
 (ENGINEER)

Date: _____