



**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):**

\_\_\_\_ Site/Water Quality conditions

\_\_\_\_ Financial

\_\_\_\_ 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

<b>Bedroom &amp; Lot Information</b>	
# of current bedrooms	
Size of lot in square feet	
If seasonal use, specify occupancy period	
<b>System Information</b>	
Current type of system & flow design (gpd)	
Proposed system flow design (gpd)	
Type of proposed system	
<b>Well &amp; Water Quality Info – Attach Test Results</b>	
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	
<b>Site Conditions</b>	
Gradient (up or down) of any wells < 100 feet from SAS	
Well depth (shallow or deep)	
Estimated distance from SAS to nearest river/stream	
<b>Financial – Required only for request based on cost</b>	
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: \_\_\_\_\_