

## MEMORANDUM

**DEPARTMENT:** Minnesota Department of Health

**TO:** Pool Variance Applicants

**FROM:** Colleen Paulus, Manager  
Environmental Health Services Section  
Environmental Health Division

**PHONE:** 651-201-4507

**SUBJECT:** Completing the Variance Request Form

The attached **POOL VARIANCE REQUEST** form may be used to apply for a variance from certain requirements of Minnesota Rules, Chapter 4717, the Minnesota Pool Code. Variances of state statute cannot be granted. Variances must have only future effect, so cannot be granted after the fact.

**A variance request must be submitted in writing on the attached form, and must include the applicable fee of \$500.** The variance request fee is not refundable. This fee is in addition to any applicable plan review or license fees. The fee must be paid by check, payable to the Minnesota Department of Health. Credit cards are not accepted.

A variance application takes approximately two weeks to process. However, the time may be significantly longer, depending on the plan review process for the pool. In order to avoid delays in processing of your variance request, please be sure that your application includes all of the following:

- A completed and legible **VARIANCE REQUEST** form.
- Signature of licensee.
- The variance application fee.

You will be notified in writing of the Minnesota Department of Health's (MDH) decision regarding your variance request. Variances may only be granted in writing by the MDH.

An approved variance usually includes several conditions, which must be satisfied in order for the variance to be valid. These alternative measures or conditions, which are attached to a variance, have the force of law and effect of applicable rule. Failure of the applicant to comply with alternative measures and conditions of the variance will result in immediate expiration of the variance and the party will be subject to enforcement actions and penalties provided in the applicable law or rule.

If you have any questions on pool variances, please contact Mr. Steve Klemm, of my staff at 651-201-4503.



# POOL VARIANCE REQUEST

Minnesota Department of Health  
Environmental Health Services  
P.O. Box 64975, St. Paul, Minnesota 55164-0975  
651/201-4500  
TDD 651/215-0707 and Fax 651/201-4515

<b>MDH USE ONLY</b>	
Plan Number	_____
Date Received	_____
Amount Received	_____

The variance request must contain the following information (please print or type):

<b>A. Name of Pool Owner</b>		Business Name (if applicable)	
Street Address			
City	State	Zip	Telephone No. (      )
<b>B. Rule(s) from which variance is requested (cite specific language of the rule[s]):</b>			
<b>C. Reason(s) rule cannot be met (include supporting evidence):</b>			
<b>D. Alternative or additional protective measures to be taken to assure a comparable degree of protection to health or the environment:</b>			
<b>E. Length of time variance is requested for:</b>			

Variance procedures are considered according to Minnesota Rules, parts 4717.7000 to 4717.7050.

Incomplete applications cannot be processed and will be returned to the applicant. Please submit a complete application with any relevant information necessary to properly evaluate this request.

**If this variance is granted, I agree to comply with any conditions required by the Minnesota Department of Health.**

Date	Owner (print)	Owner Signature
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