



# Knox County Health Department

1361 West Fremont Street • Galesburg, Illinois 61401

## REQUEST FOR SEWAGE VARIANCE

Property Address: \_\_\_\_\_

PIN: \_\_\_\_\_

Subdivision & Lot No.: \_\_\_\_\_

Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Contractor: \_\_\_\_\_ IL.Lic. No.: \_\_\_\_\_

What section(s) of the Knox County Private Sewage Ordinance and/or Private Sewage Disposal Licensing Act and Code are you requesting a variance from?

\_\_\_\_\_  
\_\_\_\_\_

What conditions exist at the proposed installation which preclude compliance with Ordinance requirements?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe geological and soil conditions present at proposed installation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Public Health**  
Prevent. Promote. Protect.

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Outline construction and engineering methods which will be utilized at proposed installation to ensure a continuously safe and sanitary sewage disposal system:

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\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Date

\*Plat Plan for proposed installation must be attached to this request. Plan must show lot size, location of sewers, septic tanks, water lines, water wells, and buildings on the property and adjacent property.

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### HEALTH DEPARTMENT USE

**Date Received:** \_\_\_\_\_ **By:** \_\_\_\_\_

**Review Date:** \_\_\_\_\_ **By:** \_\_\_\_\_