

**Request For Septic Variance**

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

Location Permanent Parcel Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

Address/Email Where Variance to be sent: \_\_\_\_\_

Septic Contractor: \_\_\_\_\_ State License Number: \_\_\_\_\_

**Variance(s) Requested**

**Proposal**

Distance(s) from well(s) to Septic tank. \_\_\_\_\_

Distance(s) from well to field. \_\_\_\_\_

Distance to other potential contamination sources. \_\_\_\_\_

Other (specify): \_\_\_\_\_

Reasons: \_\_\_\_\_

\_\_\_\_\_

I certify that the information provided above is to the best of my knowledge correct and accurate.

Signed: \_\_\_\_\_ Date Request Filed: \_\_\_\_\_

**\*\*\*FOR OFFICE USE ONLY\*\*\***

Date Request: \_\_\_\_\_ By: \_\_\_\_\_  
 Health Department Representative

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SEPTIC PERMIT # \_\_\_\_\_