

Request For Well Variance
Application Fee \$40

Location Address: _____

Location Permanent Parcel Number: _____

Owner's Name: _____ Owner's Phone: _____

Address/Email Where Variance to be sent: _____

Well Contractor: _____ State License Number: _____

Variance(s) Requested

Proposal

Distance(s) from well(s) to Septic tank. _____

Distance(s) from well to field. _____

To retain a well pit. _____

To retain an abandoned well. _____

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: _____

WELL PERMIT # _____