



Variance Application for a Private Water System

Warren County Health District
416 South East Street
Lebanon, OH 45036
(513) 695-1220

Fee: \$50.00
Date Paid: _____
Receipt #: _____
Initials: _____

Private Water System Site Information

Type of System (Choose only one) <input type="checkbox"/> Residential <input type="checkbox"/> Commercial		New Construction or Pre-Existing? (Choose only one) <input type="checkbox"/> New Construction <input type="checkbox"/> Pre-Existing Structure	
Site Address (Must include Street Name and House/Lot Number)		Parcel ID#	
Site Township		Site Zip	

Private Water System Owner Information

Owner Name			Owner Phone
Owner Address			
Owner City	Owner State	Owner Zip	Owner Email Address
Name of Contractor (if known)			Phone
How would you like the approval delivered? (Pick 1) <input type="checkbox"/> Email only <input type="checkbox"/> Email and mailed hard copy			

Variance Information

What specific private water system rules are you seeking a variance for?
What problem will be created as a result of compliance with the above private water system rules?
What are the proposed solution to the above stated problems?
Diagram of proposed variance must be provided on a separate sheet of paper. House, water supply, existing private water system (if applicable) , lot lines, dimensions, and any other pertinent information in relationship to the proposed variance must be provided in addition to this application <input type="checkbox"/> Diagram is attached <input type="checkbox"/> Diagram is already on file for this variance

By signing below I acknowledge that I have read and agree to all terms and conditions in the instructions and that to the best of my knowledge all the information provided with this application is factual.

Owner's Signature	Owner's Printed Name	Date
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Private Water System Variance Review Form

Warren County Health District

416 South East Street

Lebanon, OH 45036

(513) 695-1220

FOR OFFICE USE ONLY

Private Water Water Site Information

Proposed Variance Site Address (Must include Street Name and House/Lot Number)		Parcel ID#
Date of Variance Application	Date Variance Application Reviewed	

General Variance Review

Does the proposed variance defeat the spirit and general intent of OAC 3701-28?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the health of persons using water from the private water system be endangered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will contamination of the private water system or water supply occur as a result of the construction and operation of the system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there no other technically feasible and economically reasonable means of obtaining water from the proposed type of water source exists?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the proposed variance necessary to prevent unusual and unnecessary hardship?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Staff Recommendation on Variance

Please provide a short description as to why this variance is necessary and will protect public health and the environment. Please note any additional restrictions that will need to be placed on the private water system.

Recommendation

Approval

Disapproval

Environmental Health Specialist Signature	Environmental Health Specialist Name	Date
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Board of Health or Commissioner Action on Variance

Action Taken	<input type="checkbox"/> Approval	<input type="checkbox"/> Disapproval
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Health Commissioner Signature	Health Commissioner Name	Date
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