DEPARTMENT OF HEALTH
APPLICATION FOR VARIANCE FROM CHAPTER 64E-8, F.A.C.
DRINKING WATER SYSTEMS

Authority: Section 381.0062, F.S., and Chapter 64E-8, F.A.C.

County _____ **Application Number** _____ **Date Submitted to CHD (complete)** _____

INSTRUCTIONS FOR APPLICANT: *Complete all spaces in Section I and submit to the local CHD with hardship statement and supporting documentation (property legal description, directions to property, site plan, construction plan, well construction permit application, denial letter from CHD, well completion report, sample results, etc.).*

SECTION I (to be completed by water system owner)

Water System Location/Address: _____ City _____

Water System Owner Name: _____ E-mail _____
Mailing Address _____ City, State _____ Zip Code _____
Phone: Home _____ Work _____ Mobile _____ Fax _____

Property Owner Name (if different than above): _____ E-mail _____
Mailing Address _____ City, State _____ Zip Code _____
Phone: Home _____ Work _____ Mobile _____ Fax _____

Property Description and Information: ( ) Residential ( ) Non-Residential/Commercial
Address _____ City, State _____ Zip Code _____
Lot _____ Block _____ Unit _____ Subdivision Name _____ Date Subdivided _____
Metes & Bounds: ( ) Yes ( ) No Section _____ Township _____ Range _____ Parcel No. _____
Date lot was purchased: _____ Lot dimensions: _____ Lot size: _____ acres
The area around the property is mostly: ( ) Rural ( ) Urban residential ( ) Commercial
Are there any existing structure(s) on property? ( ) Yes ( ) No Describe: _____
If commercial: Type of business: _____ # of employees: _____ # of Visitors/day: _____
If residential: Number of residences: _____ Number of residents: _____
Sewage disposal is by: ( ) Septic tank and drainfield ( ) Aerobic system ( ) Municipal sewer system

Water System Description and Information: ( ) Proposed ( ) Existing
( ) Private well ( ) Multifamily Water System ( ) Limited Use Public Water System
Year well installed _____ Depth of well casing _____ Casing material _____ Concrete pad? ( )yes ( )no
Type aquifer _____ Depth to potable water table _____ Aquicludes/confining layers present? ( )yes ( )no
Describe (or attach) water quality history _____
Type of treatment _____ ( )provided ( )proposed
Distance from the property to an available public water system _____ft./mi. Estimated cost of connection: $_____
Name of nearest available public water system _____

Variance request is for: ( ) Reduced setback: OSTDS _____ Other contamination source: _____
( ) Other: _____

Hardship Statement (State reasons for the variance request, why the standards cannot be met, mitigating circumstances, and why the department should grant this petition. Please attach additional sheets if needed): _____

I attest that the above information and that contained in the enclosures is true and correct and accurately reflects the conditions existing on the referenced property. I acknowledge that by submission of this request I allow department employees to enter my property, after proper and sufficient notice, to conduct inspection activities.

Authorized Applicant: (print) _____
(sign) _____ Date _____