



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 \_\_\_\_\_