



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 _____

INSTRUCTIONS FOR COUNTY HEALTH DEPARTMENT: *The submission of this variance request must be in accordance with the Florida Administrative Procedures Act, s. 120, F.S. Cite the specific sections of Chapters 381, F.S. and 64E-8 (formerly 10D-4), F.A.C., that are involved in this variance request. Explain why the standards cannot be met and state recommendations for the disposition of this variance request and reasons for the recommendation. Please attach other information that would be helpful in deciding the disposition of the variance request (engineering or water management district reports, nearby well completion logs, OSTDS variance information, etc.).*

SECTION II (to be completed by CHD)

Variance Request is for a: Proposed well: ___New or ___Replacement
 Recently installed well: Date installed _____
 Existing well: Date installed _____

Water Management District: Northwest FL Suwannee River St. Johns River Southwest FL South FL

Cite specific sections of Chapters 381.0062, F.S. and 64E-8, F.A.C. involved in this variance request: _____

Adjacent properties are served by: Private Water Systems Limited Use Public Water Systems Public Water Systems
and: Onsite Sewage Treatment Systems - OSTDS Municipal Sewage Systems

Known incidents of well contamination within 1000 feet? Yes No If yes, please describe: _____

To the best of your knowledge, is the information presented by the applicant in Section I accurate?
 Yes No If no, please explain: _____

Recommendation: Approve Approve with Provisos Disapprove/Deny

Supporting reasons for approval or denial: _____

Recommended provisos: _____

Recommendation by: _____ **Date** _____
Title _____ **Phone** _____

Reviewed by (supervisor/EH dir/CHD Admin): _____ **Date** _____
Title _____ **Phone** _____

Date submitted to CHD: _____ **Date submitted to Bureau of Environmental Health:** _____
Final disposition of variance request: Approved Approved with Provisos Denied
Date Approval/Denial letter sent: _____ **Date received by water system owner:** _____