

DEPARTMENT OF RESOURCE MANAGEMENT

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Environmental Health Division

WELL VARIANCE REQUEST

Name of Applicant _____ Telephone # _____

MailingAddress _____
(Street) (City) (State) (Zip)

Site Location _____

Reason(s) For Request _____

Signed _____ Date _____
(Applicant)

FOR OFFICE USE ONLY - ENVIRONMENTAL HEALTH SERVICE

_____ WELL CHAPTER 13.10 COUNTY CODE SECTION 13.10 - 104

VARIANCE: _____

APPROVED _____ DENIED _____ APN _____

NAME OF ADJACENT PROPERTY OWNER _____

NOTIFICATION OF PROPERTY OWNER _____

DATE _____ RESPONSE ATTACHED _____

JUSTIFICATION _____

Edmond "Trey" Strickland, REHS
Environmental Health Manager

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Revised: September 4, 2024