|  |
| --- |
| **I. APPLICANT’S INFORMATION** *(Please Print or Type):* |
|       |  |       |  |       |  |       |
| First Name |  | Last or Business Name |  | Daytime Phone No. |  | Alternate Phone No. |
|       |  |       |  |    |  |       |
| Mailing Address |  | City |  | State |  | Zip |
|       |  |       |  |       |  |       |
| Facility ID Number |  | Facility Name |  | Latitude |  | Longitude |
|  |
| **II. REASON FOR REQUEST** *(check all that apply):* |
| [ ]  | Property line separation distance |
| [ ]  | Treatment (Reverse Osmosis, UV, etc) |
| [ ]  | Other *(provide explanation):* |       |
|  |
| **III. SPECIFIC REQUEST SHOWING THE INTENT OF THE RULES ARE BEING MET** |
|       |
|  |
| **ATTACH WELL LOGS, SPECIFICATION SHEETS, PHOTOS, INSPECTION REPORTS, PLANS, SITE DRAWING AND/OR TEST RESULTS THAT SUPPORT THIS REQUEST** |
|  |
| **TO BE COMPLETED BY MINOR WATER SYSTEM OWNER:** |
| I, (printed name of system owner) |       | , | hereby certify that I am the owner of the above-described Minor  |
| Water system, and request the above described variance. |
|  |  |       |  |
| Property Owner’s Signature |  | Date |  |
|  |
| **LOCAL ENVIRONMENTAL SPECIALIST REVIEWED:** |
|       |  |  |  |       |
| Date Received |  | Environmental Specialist Signature |  | Date Signed |
|  |
| ***DEQ USE ONLY*** |
| **Your request for a variance from OAC 252:624 Minor Public Water Supply Systems regulations for the system described above:** |
| **[ ]  APPROVED-With the following Permit Conditions:** | [ ]  **REJECTED-For the following reason(s):** |
|       |       |
|  |
|  |  |       |  |       |
| DEQ Authorized Signature |  | Title |  | Date Signed |
|  |
|  |  |  |  |  |  |  |