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| **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):* | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **III. SPECIFIC REQUEST SHOWING THE INTENT OF THE RULES ARE BEING MET** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ATTACH WELL LOGS, SPECIFICATION SHEETS, PHOTOS, INSPECTION REPORTS, PLANS, SITE DRAWING AND/OR TEST RESULTS THAT SUPPORT THIS REQUEST** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Property Owner’s Signature | | | | | | | | | | | | | | | | | | | | | | | |  | Date | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **LOCAL ENVIRONMENTAL SPECIALIST REVIEWED:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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):** | | | | | | | | | | | | | | | | | | |
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| DEQ Authorized Signature | | | | | | | | | | | | | |  | Title | | | | | | | | | | | | | | | | | | | |  | | Date Signed | | | |
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