

# IOWA DEPARTMENT OF NATURAL RESOURCES

## Variance for Private Water/Wastewater Systems

\*\*\*\*\* Please Print or Type \*\*\*\*\*

**Name of County (Administrative Authority):** \_\_\_\_\_

Caution: Only those counties that have been delegated private well construction permit authority and have adopted ordinances on design and construction of private wells and individual waste disposal systems can issue a design and/or construction variance for private wells.

<b>Section A -- Applicant Information</b>	Permit Ref. #
Applicant Name: _____	<input type="checkbox"/> Well <input type="checkbox"/> Sewer
Mailing Address: _____	
City: _____ State: _____ Zip: _____	
Site Location: ___ ¼ of ___ ¼ of ___ ¼ of Sec. ____, T ____, N, R ____, W/E	

**Section B -- Explanation of Proposed Variance**

Rule to be varied from: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Use the back side of this form if additional space is required.

*I certify that the above information is correct to the best of my knowledge.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

<b>Variance Disposition</b>			
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> MODIFIED	<input type="checkbox"/> NOT REQUIRED
Recommended: _____	County Agent	Date: _____	
Confirmed: _____	Chair, County Board of Health		

**Section C -- Justification for Disposition**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Use the back side of this form if additional space is required.

A copy of this form must be submitted, for informational purposes only, to:

Wastewater Operations Section  
 Department of Natural Resources  
 502 E. 9<sup>th</sup> St.  
 Des Moines, IA 50319-0034