



VARIANCE REQUEST – PRIVATE WATER SYSTEM

Name _____ Phone _____

Address _____

City/State/Zip _____

Owner, if other than above _____ Phone _____

Address _____

City/State/Zip _____

Please complete this form and return it to the Miami County Board of Health at the address listed below. The Miami County Board of Health meets monthly and this form needs to be submitted to our office ten (10) days prior to the meeting. If you have any questions, please call Miami County Public Health at 937-573-3534 (M-F, 8-9am) speak with a sanitarian.

I am requesting the following variance(s) from the Ohio Administrative Code Chapter 3701-28, Private Water System Rules for the approval of my private water system. The applicable section is checked.

3701-28 _____ Private Water System Rule Reference

Reason for request _____

1. Will there be unusual or unnecessary hardship in complying with the rules? _____

Explain _____

2. Will Contamination of the Private Water System occur? _____

Explain _____

3. Will the health of persons using water from the system not be endangered? _____

4. Does any other technical feasible or economically reasonable means of obtaining water from

the proposed type of water source exists? _____

Explain _____

Signature _____ Date _____

Board Action: APPROVED: _____ DENIED: _____

Stipulations: _____

Signature _____ Date _____

