



STONE COUNTY HEALTH DEPARTMENT

Onsite Sewage Program

APPLICATION FOR VARIANCE

PROPERTY OWNER (FIRST NAME MI LAST)		Permit NUMBER	
PROPERTY OWNER (FIRST NAME MI LAST)		County	
Stone			
SITE ADDRESS	CITY	STATE	ZIP CODE
		MO	
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER	FAX NUMBER	
YEAR LOT WAS PLATTED		YEAR EXISTING SYSTEM WAS CONSTRUCTED	
SYSTEM IS: NEW <input type="checkbox"/>		REPAIR/REPLACEMENT <input type="checkbox"/>	
LIST REQUESTED VARIANCE(S) SEPARATELY; CHECK THE APPROPRIATE BOX AND COMPLETE DETAILS.			
<input type="checkbox"/> UNABLE TO COMPLY WITH MINIMUM SETBACK DISTANCE(S) REQUIRED BY RULE:			
DISTANCE FROM PART OF SYSTEM:	SITE FEATURE:	SHOULD BE:	REQUESTED SETBACK:
	TO	FEET;	FEET
	TO	FEET;	FEET
	TO	FEET;	FEET
	TO	FEET;	FEET
<input type="checkbox"/> UNABLE TO COMPLY WITH THE MINIMUM SEPARATION DISTANCE REQUIRED BY RULE BETWEEN THE ABSORPTION TRENCH BOTTOM, OR DRIP EMITTERS, AND:		(BEDROCK OR OTHER RESTRICTIVE FEATURE)	
VERTICAL SEPARATION DISTANCE SHOULD BE:		INCHES.	REQUESTED SEPARATION IS:
			INCHES;
<input type="checkbox"/> UNABLE TO COMPLY WITH THE MINIMUM SOIL TREATMENT (ABSORPTION) AREA REQUIRED BY			
TREATMENT AREA SHOULD BE:		SQ. FT. (MIN);	REQUESTED ACTUAL TREATMENT AREA IS:
			SQ. FT.
HOW WILL THE SYSTEM PROTECT PUBLIC HEALTH, DRINKING WATER, GROUNDWATER, AND SURFACE WATER?			
PROVIDE NAME(S) AND MAILING ADDRESS(ES) OF POTENTIALLY AFFECTED ADJACENT PROPERTY OWNER(S). ATTACH, WITH A SITE LAYOUT DIAGRAM, TO YOUR ONSITE SEWAGE SYSTEM CONSTRUCTION PERMIT APPLICATION.			
ATTENTION PROPERTY OWNER'S STATEMENT:			
By signing this application I/we are requesting the variance(s) listed above and I/we acknowledge and agree: If approved, the variance(s) will reduce the normally required separation distances and/or size of the onsite wastewater treatment system. This proposed system must be operated properly and receive regular maintenance to insure it will protect health and the environment. I/we agree to properly operate and maintain the system and to comply with all conditions of variance and permit approval.			
PROPERTY OWNER'S SIGNATURE	DATE	PROPERTY OWNER'S SIGNATURE	DATE