



DEPARTMENT OF HEALTH
APPLICATION FOR VARIANCE FROM CHAPTER 64E-8, F.A.C.
DRINKING WATER SYSTEMS

Authority: Section 381.0062, F.S., and Chapter 64E-8, F.A.C.

County \_\_\_\_\_ Application Number \_\_\_\_\_ Date Submitted to CHD (complete) \_\_\_\_\_

INSTRUCTIONS FOR APPLICANT: Complete all spaces in Section I and submit to the local CHD with hardship statement and supporting documentation (property legal description, directions to property, site plan, construction plan, well construction permit application, denial letter from CHD, well completion report, sample results, etc.).

SECTION I (to be completed by water system owner)

Water System Location/Address: \_\_\_\_\_ City \_\_\_\_\_

Water System Owner Name: \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Property Owner Name (if different than above): \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Property Description and Information: ( ) Residential ( ) Non-Residential/Commercial

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Unit \_\_\_\_\_ Subdivision Name \_\_\_\_\_ Date Subdivided \_\_\_\_\_

Metes & Bounds: ( ) Yes ( ) No Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Parcel No. \_\_\_\_\_

Date lot was purchased: \_\_\_\_\_ Lot dimensions: \_\_\_\_\_ Lot size: \_\_\_\_\_ acres

The area around the property is mostly: ( ) Rural ( ) Urban residential ( ) Commercial

Are there any existing structure(s) on property? ( ) Yes ( ) No Describe: \_\_\_\_\_

If commercial: Type of business: \_\_\_\_\_ # of employees: \_\_\_\_\_ # of Visitors/day: \_\_\_\_\_

If residential: Number of residences: \_\_\_\_\_ Number of residents: \_\_\_\_\_

Sewage disposal is by: ( ) Septic tank and drainfield ( ) Aerobic system ( ) Municipal sewer system

Water System Description and Information: ( ) Proposed ( ) Existing

( ) Private well ( ) Multifamily Water System ( ) Limited Use Public Water System

Year well installed \_\_\_\_\_ Depth of well casing \_\_\_\_\_ Casing material \_\_\_\_\_ Concrete pad? ( ) yes ( ) no

Type aquifer \_\_\_\_\_ Depth to potable water table \_\_\_\_\_ Aquicludes/confining layers present? ( ) yes ( ) no

Describe (or attach) water quality history \_\_\_\_\_

Type of treatment \_\_\_\_\_ ( ) provided ( ) proposed

Distance from the property to an available public water system \_\_\_\_\_ ft./mi. Estimated cost of connection: \$ \_\_\_\_\_

Name of nearest available public water system \_\_\_\_\_

Variance request is for: ( ) Reduced setback: OSTDS \_\_\_\_\_ Other contamination source: \_\_\_\_\_

( ) Other: \_\_\_\_\_

Hardship Statement (State reasons for the variance request, why the standards cannot be met, mitigating circumstances, and why the department should grant this petition. Please attach additional sheets if needed): \_\_\_\_\_

I attest that the above information and that contained in the enclosures is true and correct and accurately reflects the conditions existing on the referenced property. I acknowledge that by submission of this request I allow department employees to enter my property, after proper and sufficient notice, to conduct inspection activities.

Authorized Applicant: (print) \_\_\_\_\_

(sign) \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS FOR COUNTY HEALTH DEPARTMENT:** *The submission of this variance request must be in accordance with the Florida Administrative Procedures Act, s. 120, F.S. Cite the specific sections of Chapters 381, F.S. and 64E-8 (formerly 10D-4), F.A.C., that are involved in this variance request. Explain why the standards cannot be met and state recommendations for the disposition of this variance request and reasons for the recommendation. Please attach other information that would be helpful in deciding the disposition of the variance request (engineering or water management district reports, nearby well completion logs, OSTDS variance information, etc.).*

**SECTION II (to be completed by CHD)**

**Variance Request is for a:**     Proposed well:            \_\_\_New or \_\_\_Replacement  
    Recently installed well:    Date installed \_\_\_\_\_  
    Existing well:                Date installed \_\_\_\_\_

**Water Management District:**    Northwest FL    Suwannee River    St. Johns River    Southwest FL    South FL

**Cite specific sections of Chapters 381.0062, F.S. and 64E-8, F.A.C. involved in this variance request:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Adjacent properties are served by:**    Private Water Systems    Limited Use Public Water Systems    Public Water Systems  
**and:**    Onsite Sewage Treatment Systems - OSTDS    Municipal Sewage Systems

**Known incidents of well contamination within 1000 feet?**    Yes    No   If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To the best of your knowledge, is the information presented by the applicant in Section I accurate?**  
 Yes    No   If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommendation:**    Approve     Approve with Provisos     Disapprove/Deny

**Supporting reasons for approval or denial:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommended provisos:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommendation by (CHD staff):** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Title** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Reviewed by (supervisor/EH dir/CHD Admin):** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Title** \_\_\_\_\_ **Phone** \_\_\_\_\_

Date submitted to CHD: \_\_\_\_\_ Date submitted to Bureau of Water Programs: \_\_\_\_\_  
Final disposition of variance request:    Approved     Approved with Provisos     Denied  
Date Approval/Denial letter sent: \_\_\_\_\_ Date received by water system owner: \_\_\_\_\_