



Serving Lee County Since 1947

**Request For Well Variance**

Location Address: \_\_\_\_\_

Location Permanent Parcel Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

Address Where Variance to be Mailed: \_\_\_\_\_

Well Contractor: \_\_\_\_\_ State License Number: \_\_\_\_\_

Variance(s) Requested

Proposal

Distance(s) from well(s) to Septic tank. \_\_\_\_\_

Distance(s) from well to field. \_\_\_\_\_

To retain a well pit. \_\_\_\_\_

To retain an abandoned well. \_\_\_\_\_

Distance to other potential contamination sources. \_\_\_\_\_

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

Reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided above is to the best of my knowledge correct and accurate.

Signed: \_\_\_\_\_ Date Request Filed: \_\_\_\_\_

**\*\*\*FOR OFFICE USE ONLY\*\*\***

Date Request Approved/Denied: \_\_\_\_\_ By: \_\_\_\_\_  
(Circle One) Health Department Representative

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

S:EH/septic/forms/variance request 02/11

WELL PERMIT # \_\_\_\_\_