

Date: _____

Darke County Board of Health
300 Garst Avenue
Greenville, Ohio 45331

Dear Board of Health:

I would like to request a variance for the existing private water system located at:

The variance is because the water system will not meet the minimum distance requirement of 10 feet from the proposed sewer lateral. The sewer lateral will be _____ feet from the well.

We need this variance because we are unable to meet the minimum distance because of the current configuration of our lot and the location of the sewer tap. We understand and accept the risk of locating the sewer lateral closer to the well.

Sincerely,

(Name)

(Address)

(Phone number)