



St. Joseph County Department of Health

"Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents"

SEPTIC PERMIT -- VARIANCE REQUEST

This variance request must be completed and approved by the Department of Health for any and all deviations from the approved specifications or designs prior to installation of the septic system.

Please send all electronic correspondence to envirohd@sjcindiana.com

Site Information:

Application / Permit # _____ Location: _____

Variance Requested: (Check one and Explain Below) Specification Variance: _____ Design Variance: _____

Reason for Variance: _____

Certification: (Check One)

_____ I certify that the proposed system design meets all requirements of the State and County rules and codes, however, we have chosen a design whereby the specifications issued by the Department of Health are not directly applicable.

_____ I certify that I have made every reasonable effort to design and/or install the septic system according to the requirements of the Department of Health. However, due to site conditions these requirements cannot be met for the reason(s) stated above.

_____ Company Name _____ Authorized Representative

_____ Signature _____ Date

Property Owner Approval (Required only if system will not meet Department of Health requirements):

I understand and agree that the septic system to be installed on my property will not be designed and installed to meet all of the requirements of the State Department of Health Rule 410 IAC 6-8.3 and/or the requirements of the Department of Health and County Code 51 due to unique site conditions. I understand and accept that the system may not last as long as a system that is designed and installed to meet all requirements. I agree to hold the St. Joseph County Department of Health harmless from any and all actions that may result from approving this request.

_____ Signature of Property Owner _____ Date

Department of Health Approval:

_____ Environmental Health Director _____ Date

This request is not valid unless approved by the Department of Health.