



ST. JOSEPH COUNTY
DEPARTMENT OF HEALTH
Prevent. Promote. Protect.

St. Joseph County Department of Health

“To promote health and wellness with compassion and integrity through partnerships, education, protection, and advocacy for all who reside in and visit St. Joseph County.”

APPLICATION FOR VARIANCE

FROM COUNTY CODE 52 SITING REQUIREMENTS

Address of Property:

Address: _____ City: _____ State: IN Zip: _____

County Code 52 contains certain requirements for the separation of water supply wells from septic systems, structures, and other items to protect public health and property values. However, when replacement wells are being installed, it is not always possible to meet all these requirements because of site conditions or it would require extraordinary measures that may not warrant the expense.

Reason for variance:

Certification:

To the best of my ability, I have tried to select the location for my proposed water supply well that meets all requirements of County Code 52, however, I was unable to meet all of these requirements and I request that the Department of Health grant a waiver because of the reason stated above.

I understand that if the well is placed at the proposed location, it may impact the quality of my drinking water, the value of my property, and/or my ability to sell the property. I accept full responsibility for the placement of the well at this location and agree to hold the Department of Health harmless from any and all adverse actions that may result from the granting of this variance.

Printed Name of Homeowner

Signature of Homeowner

Date

Department of Health Approval:	
_____ Environmental Health Director	_____ Date