



Greene County Combined Health District
360 Wilson Drive
Xenia, Ohio 45385
937/374-5600•937/426-6351

VARIANCE REQUEST SEWAGE TREATMENT SYSTEM REGULATIONS

Fill out this form as completely as possible. Provide additional drawings, designs, specifications, comments and any other information that may be necessary to understand and evaluate the variance request.

APPLICANT NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____ FAX# _____

E-MAIL ADDRESS _____

LOCATION OF PROPERTY FOR VARIANCE: _____

CODE SECTION FOR VARIANCE REQUEST: _____

REASON FOR REQUEST: _____

EXPLAIN HOW A VARIANCE FROM THIS REGULATION WOULD NOT BE CONTRARY TO THE PUBLIC INTEREST AND WOULD NOT CREATE A PUBLIC HEALTH NUISANCE OR POTENTIAL FOR CONTAMINATION OF GROUND AND SURFACE WATER. USE ADDITIONAL PAPER IF NECESSARY.

SIGNATURE _____ DATE _____

DATE RECEIVED: _____ RECEIPT NUMBER: _____

HEALTH DISTRICT USE ONLY

STAFF RECOMMENDATION: _____

CONDITIONS OR COMMENTS: _____