



**Public Health**  
Prevent. Promote. Protect.  
**Environmental Health**

# JO DAVIESS COUNTY HEALTH DEPARTMENT

9483 Rt. 20 WEST • PO BOX 318 • GALENA, ILLINOIS 61036 • (815) 777- 0283

## Request For Septic Variance

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

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

Address Where the Variance Is To Be Mailed: \_\_\_\_\_

Septic Contractor: \_\_\_\_\_ State License Number: \_\_\_\_\_

Variance(s) Requested

Proposal

Distances from well(s) to drainfield area \_\_\_\_\_

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

Distance(s) from drainfield area to lot line \_\_\_\_\_

Depth of drainfield lines \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

Date Request Approved/Denied: \_\_\_\_\_ By: \_\_\_\_\_

(Circle One)

Health Department Representative

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_