



Richland Public Health

555 Lexington Ave., Mansfield, OH 44907
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Richland Public Health Variance Application Private Water System Rules, OAC 3701-28

Request #: _____ Date Received: _____ Permit #: _____ Pending: _____

Name: _____ Owner: _____

Mailing Address: _____

City/Zip: _____ Contractor: _____

Phone:(_____) _____ Agent: _____

Building Address: _____ Township: _____

Parcel #: _____

Rule or rules from which the variance is sought:
1) OAC 3701-28- _____
2) OAC 3701-28- _____

Summary: _____

Description of Proposed Variance:

Comments (Nature of Hardship/Reason for Variance): (ATTACH APPROPRIATE DOCUMENTATION)

Owner's Signature: _____ Date: _____

***** Office Use Only *****

Date Reviewed: _____ By: _____

Findings and Recommendations/Conditions: _____

Recommendation: Approve: Disapprove: Return for Amendment:

DEH: _____ Date: _____

BOH: Approve: Disapprove: Return for Amendment: Date: _____