



P. O. Box 266
Martinsville, IL 62442
217-967-2243 Phone
217-967-2345 Fax

Variance Request Form for Proposed Private Sewage Disposal System Installation

1. Legal Description/Tax ID#: _____

2. Name/Address Owner: _____

3. List the section(s) of the Clark County Private Sewage Disposal Ordinance and/or IDPH Private Sewage Disposal Licensing Act & Code from which you are requesting a variance: _____

4. List the existing conditions at the proposed installation site which prevent compliance with ordinance/code: _____

5. Please describe geological and soil conditions present at proposed installation site. Include drainage pattern, soil conditions and limiting layer: _____

6. Outline construction, engineering methods and ongoing maintenance which will be utilized at proposed installation to ensure a continuously safe and sanitary sewage disposal system: _____

7. Contractor Signature: _____

Homeowner Signature: _____



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For Office Use Only

Approved: _____

Denied: _____

Reason:

Approved with Conditions:

Additional Recommendations:

Director of Environmental Health
Clark County Health Department

Date