



P. O. Box 266  
Martinsville, IL 62442  
217-382-4207 Phone  
217-382-4226 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: \_\_\_\_\_

Home Owner Signature: \_\_\_\_\_



**Clark County  
Health Department**

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**For Office Use Only**

Recommendations:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reason:

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Approved with Conditions:

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Chris Jackson MS LEHP  
Director of Environmental Health  
Clark County Health Department

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Date