



# Richland Public Health

555 Lexington Ave., Mansfield, OH 44907

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**RPH APPLICATION FOR VARIANCE  
PRIVATE WATER SYSTEM RULES, OAC 3701-28**

REQUEST NO. \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ PERMIT # \_\_\_\_\_

NAME \_\_\_\_\_ OWNER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY/ZIP \_\_\_\_\_ CONTRACTOR \_\_\_\_\_

PHONE \_\_\_\_\_ AGENT \_\_\_\_\_

BUILDING ADDRESS \_\_\_\_\_ POLITICAL SUBDIVISION \_\_\_\_\_

PARCEL NO. \_\_\_\_\_

**RULE OR RULES FROM WHICH THE VARIANCE IS SOUGHT:**

Section 3701-28-( ) SUMMARY: \_\_\_\_\_

**DESCRIPTION OF PROPOSED VARIANCE:**

**COMMENTS (NATURE OF HARDSHIP/REASON FOR VARIANCE):**

OWNER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

(For Office Use Only) ATTACH APPROPRIATE DOCUMENTATION

DATE REVIEWED: \_\_\_\_\_ BY: \_\_\_\_\_

FINDINGS AND RECOMMENDATIONS/CONDITIONS: \_\_\_\_\_

RECOMMENDATION: APPROVE \_\_\_\_\_ DISAPPROVE \_\_\_\_\_ RETURN FOR AMENDMENT \_\_\_\_\_

DEH: \_\_\_\_\_ DATE: \_\_\_\_\_

BOH APPROVED \_\_\_\_\_ BOH DENIAL \_\_\_\_\_ DATE: \_\_\_\_\_