



Variance Request Form for Proposed Onsite Wastewater Treatment System Installation

Public Health
Prevent. Promote. Protect.

Peoria City/County Health Department
Health Protection Division
Environmental Health

Request for variance from the requirements of Chapter 19, Onsite Wastewater Treatment Systems, of the Peoria County Code or the Illinois Department of Public Health Private Sewage Disposal Licensing Act and Code will only be considered if the form is filled out completely and in the opinion of the Health Authority, the reasoning for variance is sound.

1. Owner's Name: _____

Site Address: _____

Tax ID #/PIN: _____

Contractor's Name: _____

Registration Number: _____

2. **Code Section:** List the section number(s) and heading(s) of the Peoria County Onsite Wastewater Treatment Systems Code and/or the Illinois Department of Public Health Private Sewage Disposal Licensing Act and Code from which a variance is requested (Example: Section 905.70(j) Buried Sand Filters-Venting)

3. **Reason for Request:** Explain why compliance with the Code is impossible or impractical. Include any information that may support the request:

4. **Methods to Protect Public Health:** Outline how the variance request will not result in a public health hazard, nuisance condition, and/or contamination of ground and surface water:

5. Contractor Signature _____ Date _____

Owner Signature _____ Date _____

Variance requests shall be processed as quickly as possible. Please be advised that approval or denial of a variance may take up to 25 business days from original submission date of the onsite wastewater treatment system permit application if additional information or site visits are necessary.