



# Macon County Health Department

## Environmental Health

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**\*\* PERMIT \*\***  
**APPLICATION**  
**NUMBER:**

### **PRIVATE SEWAGE DISPOSAL SYSTEM**

### **REQUEST FOR VARIANCE**

PHONE Number of Person Requesting Variance: \_\_\_\_\_

PRINT Name of Person Requesting the Variance: \_\_\_\_\_

SIGNATURE of Person Requesting Variance: \_\_\_\_\_

**PRINT CONSTRUCTION ADDRESS BELOW** (Street, City, State, Zip):

\_\_\_\_\_  
\_\_\_\_\_

Reason for requesting variance (Please include pertinent data such as soil conditions, water table elevations, and drainage patterns in order to support the request.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: Construction cannot begin until variance has been approved.**

#### **Health Department Use Only**

Decision of Health Department to grant or deny request for variance:

approved       denied

\_\_\_\_\_  
Signature of Director of Environmental Health

\_\_\_\_\_  
Date