

**Macon County Health Department**  
**Environmental Health**

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**REGISTRATION  
APPLICATION  
NUMBER:**

**REQUEST FOR VARIANCE  
CLOSED LOOP WELL SYSTEMS**

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 approval:

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

**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