



# Variance Application for a Sewage Treatment System

Warren County Health District  
416 South East Street  
Lebanon, OH 45036  
(513) 695-1220

Fee: \$50.00

Date Paid: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Initials: \_\_\_\_\_

## STS Site Information

Type of System (Choose only one) <input type="checkbox"/> Residential <input type="checkbox"/> Commercial		New Construction or Pre-Existing? (Choose only one) <input type="checkbox"/> New Construction <input type="checkbox"/> Pre-Existing Structure	
Site Address (Must include Street Name and House/Lot Number)		Parcel ID#	
Site Township			Site Zip

## STS Owner Information

Owner Name			Owner Phone
Owner Address			
Owner City	Owner State	Owner Zip	Owner Email Address
Name of Contractor (if known)			Phone
How would you like the approval delivered? (Pick 1) <input type="checkbox"/> Email only <input type="checkbox"/> Email and mailed hard copy			

## Variance Information

What specific sewage treatment rule(s) are you seeking a variance for?

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What problem will be created as a result of compliance with the above sewage treatment system rules?

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What are the proposed solution to the above stated problems?

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Diagram of proposed variance must be provided on a separate sheet of paper. House, water supply, existing sewage treatment system (if applicable) , lot lines, dimensions, and any other pertinent information in relationship to the proposed variance must be provided in addition to this application

Diagram is attached                       Diagram is already on file for this variance

**By signing below I acknowledge that I have read and agree to all terms and conditions in the instructions and that to the best of my knowledge all the information provided with this application is factual.**

Owner's Signature	Owner's Printed Name	Date
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# STS Variance Review Form

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416 South East Street  
Lebanon, OH 45036  
(513) 695-1220

## FOR OFFICE USE ONLY

### STS Site Information

Proposed Variance Site Address (Must include Street Name and House/Lot Number)		Parcel ID#
Date Variance Application Received	Date Variance Application Reviewed	

### General Variance Review

Does the proposed variance defeat the spirit and general intent of OAC 3701-29	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the proposed variance contrary to the public interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the proposed variance adversely affect public health?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the proposed variance cause contamination of the environment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the proposed variance cause non compliance with ORC 3718?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the proposed variance necessary to prevent unusual and unnecessary hardship	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Staff Recommendation on Variance

Please provide a short description as to why this variance is necessary and will protect public health and the environment. Please note any additional restrictions that will need to be placed on the STS.

Recommendation  Approval  Disapproval

Environmental Health Specialist Signature	Environmental Health Specialist Name	Date
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### Board of Health or Health Commissioner Action on Variance

Action Taken  Approval  Disapproval

Health Commissioner Signature	Health Commissioner Name	Date
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