



**Public Health**  
Prevent. Promote. Protect.

## Henry & Stark County Health Department

110 N Burr Blvd., Kewanee, IL 61443  
309-852-0197 ext. 266 or 309-852-3115 ext. 266  
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### VARIANCE REQUEST FORM FOR PROPOSED PRIVATE SEWAGE SYSTEM INSTALLATION Please attach scale drawing of the proposal

**Henry County**

**Stark County**

1. Legal Description/Tax ID #: \_\_\_\_\_

2. Name/Address Owner of Record: \_\_\_\_\_

3. List the section(s) of the Henry & Stark County Private Sewage Disposal Ordinance and/or IDPH Private Sewage Disposal Licensing Act & Code from which you are requesting a variance: \_\_\_\_\_  
\_\_\_\_\_

4. List the existing conditions at the proposed installation site which prevent compliance with the requirements: \_\_\_\_\_  
\_\_\_\_\_

5. Please describe geological and soil conditions present at proposed installation (to include drainage pattern, soil conditions and limiting layer (seasonal high water table): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Outline construction, engineering methods and ongoing maintenance which will be utilized at Proposed installation to ensure a continuously safe and sanitary sewage disposal system: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\$50.00 Variance Fee Enclosed**

7. Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

*For Office Use Only*

**Recommendations:**

**EH Sanitarian:**       Approve       Deny      Reason\_\_\_\_\_

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**This Variance is:**

- Approved**
- Denied**
- Approved with Conditions:**\_\_\_\_\_

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Dorothy David, Director of Environmental Health

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Date