



**Henry & Stark County Health Department**

4424 US Hwy 34, Kewanee, IL 61443

309-852-0197 - 309-852-3115

www.henrystarkhealth.com

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

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**Variance Request Form for Proposed Water Well Installation Site  
(IDPH Water Well Construction Code Section 920.30 General Requirements)**

Request for Variance in Lieu of Compliance with  
Water Well Construction Code/Water Well Pump Installation Code

**Henry County**

**Stark County**

1. Well Owner: \_\_\_\_\_

Address: \_\_\_\_\_

2. Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

3. Well Location: \_\_\_\_\_ Township: \_\_\_\_\_

Legal Description: \_\_\_\_\_

4. Reason for Variance Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Ground Surface Conditions (slope, depth of water table, location of source of contamination):

\_\_\_\_\_

\_\_\_\_\_

6. Geological Conditions/Soil Conditions: \_\_\_\_\_

\_\_\_\_\_

7. Attach a drawing of site showing lot size, location of sewers, septic tanks, buildings, seepage fields, and any other sources of contamination on property and adjacent property with distances shown to the proposed well.

**\$50.00 Variance Fee Enclosed**

8. Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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***For Office Use ONLY***

Recommendation:    EH Sanitarian:     Approve             Deny

   Director:             Approve             Deny

Reason for Approval/Denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_