

**Clinton County Health Department  
Private Sewage Disposal Program  
Variance Request**

**Date:** \_\_\_\_\_

**Property Owner Name:** \_\_\_\_\_

**Site Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Site Parcel Number:** \_\_\_\_\_

**Private Sewage Installation Contractor Name:** \_\_\_\_\_

**Variance Requested:**

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

**Reason for Variance Request:**

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

**Sewage Contractor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Property Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Submission of this variance request does not guarantee issuance of a variance by the Clinton County Health Department. By submitting this variance request, you are proposing a private sewage system design that doesn't meet code standards outlined in the Illinois Private Sewage Disposal Code and/or the Clinton County Private Sewage Code. This Variance Request form must be submitted with the Private Sewage Disposal System Application, before construction begins. If approved, a Variance Letter will be issued with your Private Sewage Disposal System Construction Permit.

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Variance Request Review Date: \_\_\_\_\_ Circle: Approved or Rejected

Environmental Health Programs Manager Signature: \_\_\_\_\_