



PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER COMMUNITY

Chelan-Douglas Health District

200 Valley Mall Parkway, East Wenatchee, WA 98802

Environmental Health: (509) 886-6400 | FAX 886-6449

Email: EHSsupport@cdhd.wa.gov

☐ \$173 INTERNAL 528

Office Only: _____ 2021 Application

Well Site Variance Request

Applicant Name and Mailing Address:

Date: _____

Phone: _____

Email: _____

- Existing Well
- Well Tag Id: _____
- Well Log Attached
- Proposed Well
- Site Plan Attached

Project Identification:

Parcel Number: _____

Address or Driving Directions:

What Requirement Are You Requesting A Variance From?

Why Are You Unable To Meet The Requirement?

Describe Technical Justification and/or Mitigation Measures To Support Setback Reduction (Required)*.

***Must Be Completed By Professional Engineer and/or Hydrogeologist**

Owner's Statement: I understand that this review will be based upon the information provided, and on an on-site inspection by the Health District personnel. I accept responsibility for correctly identifying the locations of the source site, property lines, and the other items described in this application. I understand that any changes of these locations or inaccuracy in any of the items described may invalidate any approval granted for this application.

Signature

Date

Health District Office Use Only

Approved _____ **Date** _____

EHS, Chelan-Douglas Health District

Conditions: _____

Not Approved _____ **Date** _____

EHS, Chelan-Douglas Health District

Explanation of Approval or Denial: _____

