



**REQUEST FOR DEVIATION FOR  
WATER WELL CONSTRUCTION AND/OR SEWAGE DISPOSAL CONSTRUCTION**

Date \_\_\_\_\_ Property Owner \_\_\_\_\_

( ) Proposed change to water well construction      Site Address \_\_\_\_\_  
City \_\_\_\_\_ Township \_\_\_\_\_

( ) Proposed change to sewage Disposal construction      Section \_\_\_\_\_ Subdivision \_\_\_\_\_ Lot# \_\_\_\_\_

Request made by: ( ) Owner ( ) Contractor ( ) Other \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Due to the following reasons and conditions \_\_\_\_\_

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

I, \_\_\_\_\_, hereby request special  
consideration to allow \_\_\_\_\_

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

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

**Local Health Department Use Only**  
Approved as requested:  yes  no

Date Stamp