

Rev 3/08

ST/CO USE ONLY  
DATE RECEIVED

MM DD YY  
\_\_\_\_

**STATE OF WEST VIRGINIA  
WATER WELL  
VARIANCE REQUEST FORM**

**FORM SW-260**

FILL IN THIS FORM  
COMPLETELY  
PLEASE PRINT OR TYPE

**Applicant Information**

Name: \_\_\_\_\_ Facility Name (if any): \_\_\_\_\_

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

Address of Well if different: \_\_\_\_\_

Telephone: \_\_\_\_\_ Proposed Type of Well: \_\_\_\_\_

Property or Lot Size: \_\_\_\_\_ (Acres)

**Variance Information**

Please describe your variance request and explain why this is an unusual or unnecessary hardship. (Attach any extra sheets if needed.)

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

Explain what steps are being used to protect the water quality and quantity. (e.g. water sampling, casing length, etc)

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

Please provide a description of the site-specific geology and soil conditions. Indicate the distance to closest water well(s) - if wells are within 500 feet please provide water well completion report obtained from County Health Department.

---

---

---

---

---

---

---

---

- DHHR and/or county personnel may inspect this property to verify information provided and to determine comparable protection options. You may be contacted by phone for an appointment if more information is needed.
- NO CONSTRUCTION SHALL BEGIN UNTIL THE OWNER OR CONTRACTOR HAS RECEIVED A WRITTEN VARIANCE APPROVAL DOCUMENT.
- Written notification will be provided of approval or denial within thirty (30) business days of receipt of this application.

I certify to the best of my knowledge the information provided in this application is true, complete, and correct. I understand that the information I provide will be used by the State/County to determine if a variance can be granted and what construction specifications will be required to provide comparable protection. I further understand that in granting a variance the Bureau does not guarantee acceptable water quality or quantity.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Well Driller, Well Contractor or Pump Installer Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Franchise Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Driller Certification Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Contractor's License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

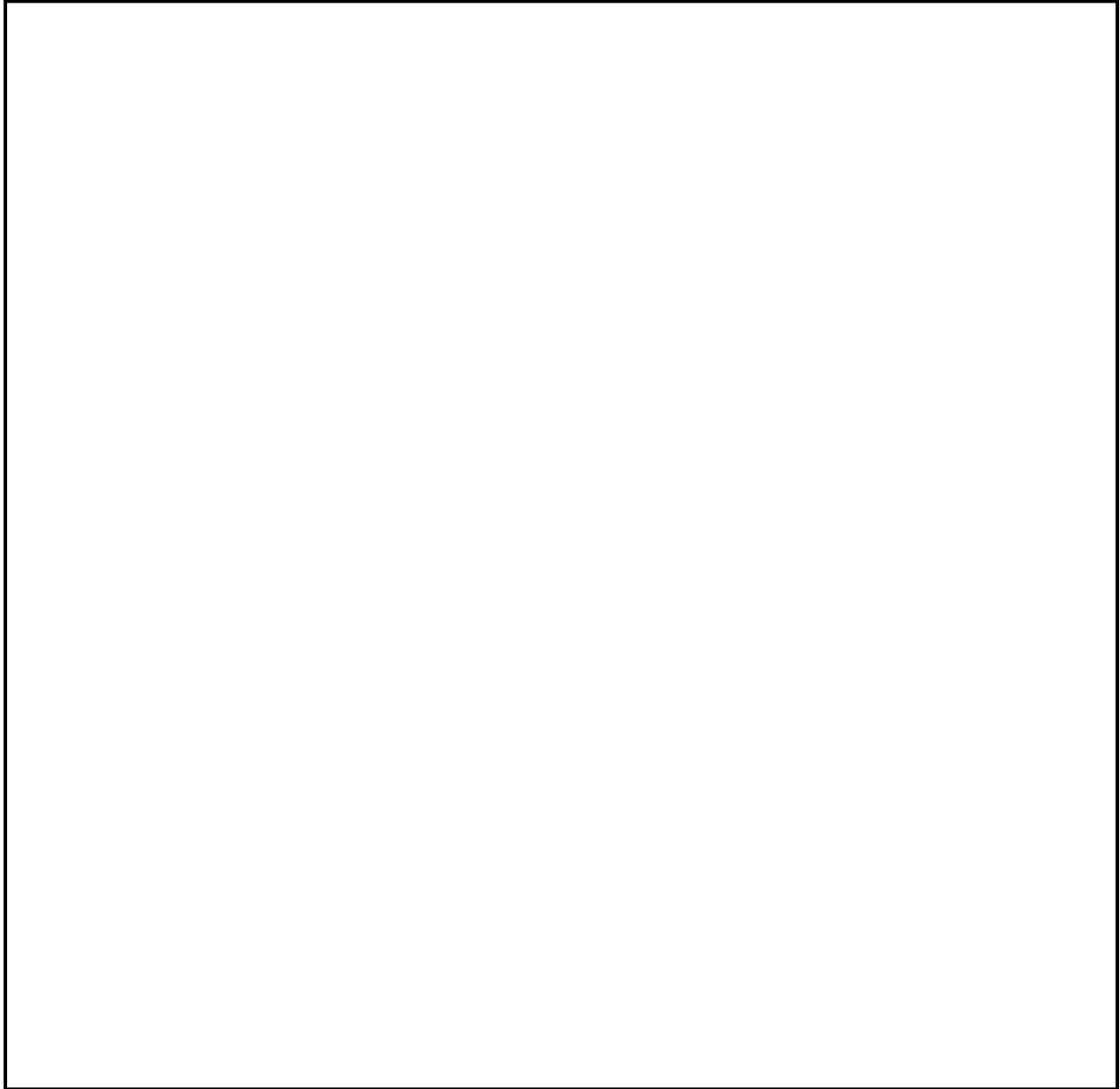
Contractor's License Issued To: \_\_\_\_\_

***For Health Department Use Only***

Variance: Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Date Action Taken: _____
Reviewed By: _____	Special Conditions: _____

**Site Drawing**

- Sketch the site, including the adjacent property and location of the proposed water supply well and any current water wells. Include the scale of the drawing and distances to known sources of contamination (for example, septic systems, seepage fields, underground storage tanks, animal pens, etc.)
- Show slope arrows from well and contamination sources if lot is sloped.
- Attach any extra sheets of other information, which may be useful in describing your situation.



Mail completed application to the Local Health Department: