



WHATCOM COUNTY HEALTH DEPARTMENT

Drinking Water Variance Request

509 Girard Street
Bellingham, WA 98225
Telephone: 360-676-6724
Fax: 360-676-6771

Fee: \$100.00

Applicant Name _____ Application Date: _____
Mailing Address _____
City, State, Zip Code _____
Phone _____ Cell Phone _____

Project Address _____ Tax Parcel # _____
N S E W Side of _____ Rd. _____ Miles N S E W of _____ Rd.

Existing Well Proposed Well Well Driller's Report

Other (specify): _____

WHAT REQUIREMENT ARE YOU REQUESTING VARIANCE FROM? _____

WHY ARE YOU UNABLE TO MEET THE REQUIREMENT? _____

LIST ANY TECHNICAL JUSTIFICATION AND SUPPORTIVE MITIGATION MEASURES INTENDED

– Health Department Use Only –

Approved _____ Date _____

Conditions _____

Denied _____ Date _____

Explanation of approval or denial _____

Variances

A variance may be granted from the provisions of the Drinking Water Ordinance when the result of the variance meets the purpose and intent of the ordinance and the variance will not create a health hazard, and when the conditions set forth below in the listed criteria set exist. The applicant must affirm compliance with the criteria set and must disclose any information to the contrary before a variance may be granted.

Criteria Set

The variance shall not constitute a grant of special privilege, be based upon reasons of hardship caused by previous actions of the property owner, nor be granted for financial reasons alone.

Applicant Initial: _____

The strict application of the requirements of the ordinance would cause a hardship because of special circumstances applicable to the subject property, including size, shape, topography, environmental constraints or location. Aesthetic considerations or design preferences without reference to restrictions based upon the physical characteristics of the property do not constitute sufficient hardship under this section.

Applicant Initial: _____

The granting of the variance will not be detrimental to the public health, safety or welfare or injurious to other property.

Applicant Initial: _____

The granting of the variance will not be unduly detrimental to the public welfare nor injurious to the property or improvements in the vicinity and subarea in which the subject property is located.

Applicant Initial: _____

In granting variances and modifications, the Director or the Hearing Examiner, as appropriate, may require such conditions as will, in its judgment, secure substantially the objectives of the requirements so varied.

SITE PLAN CHECKLIST

- A. Drawing paper size: Minimum 8 ½ X 11"; Maximum drawing paper size 11" X 17".
- B. Drawing must show the name of the owner and tax parcel number.
- C. Scales: 1"=20' up to 1"=40'. Other scales may be approved on a case-by-case basis. On large parcels, a large scale may be used for the project provided that an inset of the primary well area is shown at the correct scale, and (a) the inset's distances to at least two intersecting property lines are labeled, and (b) the inset's distance to major setback distances are labeled (i.e., sewage systems, creeks, lakes, etc.).
- D. Show all sewage system components and relevant features:
 - 1. Well
 - 2. Water lines, sewer lines, utility lines
 - 3. Buildings
 - 4. Property lines
 - 5. Lines of easements
 - 6. Sewage system components (septic tanks, drain fields, sand filters)
 - 7. Sewage system reserve area
 - 8. Surface water
 - 9. Wetlands
 - 10. Ditches
 - 11. Slope direction
 - 12. All other sources of contamination on or off the property within 100 feet of the well site