



Barry County Health Department
65 Main, PO Box 207
Cassville, MO 65625
417-847-2114 FAX 417-847-2116

VARIANCE REQUEST # 1-Variance

Name of Owner _____ Phone _____
Physical Address: _____
City: _____ MO.: Zip _____
Legal Description: _____ 1/4 _____ 1/4 _____ S _____ T _____ R _____

Required Project Information:

1. The date that the property, as legally described, was platted, designated, recorded, or came into existence. _____ (attach a copy of the Warranty Deed)
2. Explain why the requirement of this rule cannot be complied with.

3. Describe specific sections of this rule for which a variance is being requested.

4. The existing occupancy: _____ Maximum occupancy: _____

5. The existing water usage records, if any _____ gallons per day/week/mo.

6. Potential impact on neighboring property owners: _____

7. Provide the names and mailing addresses of these property owners.

8. Provide information to indicate that the effluent will not contaminate any drinking water supply, surface water, or ground water used for drinking.

9. A complete design drawing of the proposed wastewater treatment system must be on the permit application.

- Note:
1. Variances are considered on a case by case basis.
 2. The five (5) working days review period does not apply for a variance.
 3. Retain a copy of this Variance Request.
 4. Additional pages may be attached.

Any decision by must be in compliance with the Missouri Clean Water Act and The Missouri Department of Natural Resources discharge permits.

Owners Signature: _____ Date: _____

Public health makes life better.

An Equal Opportunity/Affirmative Action Employer: Services provided on a nondiscriminatory basis.