



RHODE ISLAND DEPARTMENT OF HEALTH  
OFFICE OF DRINKING WATER QUALITY

**APPLICATION FOR VARIANCE**

PUBLIC DRINKING WATER REGULATIONS

Owner: \_\_\_\_\_ Title: \_\_\_\_\_  
(Applicant, Person, Corporation, City, or Town)

Mailing Address: \_\_\_\_\_  
Street City State Zip Code Tel. No.

Name of Establishment or Project: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Location: \_\_\_\_\_  
Address City State Zip Code

Estimated Number of People Served: \_\_\_\_\_

Plans Titled: \_\_\_\_\_

Prepared By: \_\_\_\_\_ PE: \_\_\_\_\_ RLS: \_\_\_\_\_

Type of Well: \_\_\_\_\_ (Drilled, Driven, Gravel Packed ore Developed, Dug)

Number of Wells: \_\_\_\_\_

Applicable Regulation \_\_\_\_\_ Section 3.3 \_\_\_\_\_ Other (Please Specify)

Explain Why a Variance is Needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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