DEPARTMENT OF RESOURCE MANAGEMENT

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Environmental Health Division

ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) VARIANCE REQUEST Name of Applicant_____ _Telephone # _____ MailingAddress_ (City) (Street) (State) (Zip) Site Location Reason(s) For Request Signed _____ Date_____ (Applicant) FOR OFFICE USE ONLY - ENVIRONMENTAL HEALTH SERVICE Solano County Code Chapter 6.4 - Section 6..4-12 - (d) - Exceptions from this Chapter may be granted for structures which have been destroyed due to fire or natural disaster and which cannot be reconstructed in compliance with these provisions: VARIANCE: DENIED _____ APN_____ APPROVED _____ NAME OF ADJACENT PROPERTY OWNER _____ NOTIFICATION OF PROPERTY OWNER DATE ______ RESPONSE ATTACHED_____ JUSTIFICATION _ Environmental Health Manager

Edmond "Trey" Strickland, REHS