



**RHODE ISLAND DEPARTMENT OF HEALTH  
Center for Drinking Water Quality**

**APPLICATION FOR A VARIANCE  
PUBLIC DRINKING WATER REGULATIONS**

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Establishment/Project: \_\_\_\_\_ Phone: \_\_\_\_\_

Location: \_\_\_\_\_  
No. Street City or Town

Estimated number of people served daily: \_\_\_\_\_

Plans Entitled: \_\_\_\_\_

Prepared By: \_\_\_\_\_ [ ] P.E. [ ] R.L.S.

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

Type of Wells: [ ] Drilled rock [ ] Driven [ ] Dug (200-foot protective radius required)  
[ ] Gravel Packed [ ] Gravel Developed (400-foot protective radius required)

Applicable Regulation Section for which a variance is being sought:

Section 1.4 (B) Section 1.4 (C) Section 1.4 (F) Section 1.4 (G)

Other(specify): \_\_\_\_\_

Explain why a variance is needed:

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