



**RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

235 Promenade Street, Providence, RI 02908-5767

TDD 401-222-1205

WELL DRILLING SETBACK VARIANCE REQUEST FORM

Instructions:

Please complete the following form (4 pages) and attach a site plan. This form may be completed by either the property owner, well driller, or system designer. Also, all applicable affidavits must be completed, signed by the property owner (s), and notarized.

Fee: \$50.00

Submit a non-refundable check payable to "General Treasurer, State of RI."

Applicable Regulations:

Reference the "Rules and Regulations Governing the Enforcement of Chapter 46-13.2 Relating to the Drilling of Drinking Water Wells" and the "Rules and Regulations Governing the Establishment of Various Fees."

FOR DEM USE ONLY Date Received
Amount Paid: _____ Check #: _____ Application #: _____

1. Property Owner(s):

Name(s):	Phone:		
Mailing address - Street:	City/Town:	State:	Zip Code:
ISDS septic system application # if applicable:			

2. Site Location:

Plat:	Lot:	Town:
Street Address:		
Please check one to indicate the present status of street: <input type="checkbox"/> Existing/paved <input type="checkbox"/> Existing/unpaved <input type="checkbox"/> "Paper Street" – unpaved, <u>town-approved</u> road <input type="checkbox"/> Proposed; not yet constructed <input type="checkbox"/> Other (specify): _____		

Office of Water Resources Permitting Section/ Telephone 401.222.6820/Fax 401.222.6177

Please answer the following questions. Use the back of this form or attach additional sheets if necessary.

3. Variances Requested from Minimum Isolation Distances:

Check minimum isolation distances for which variances(s) is (are) being requested:	What would the actual isolation distances be if proposed well was installed?	Is the well located downgradient, upgradient, or laterally from the potential pollution source? *See Note.
___ 75' from distribution box & septic tank		
___ 100' from sewage disposal field		
___ 50' from sewer line		
___ 50' from edge or road surface		
___ 100' from livestock pens or animal waste storage facilities		
___ 20' from active agricultural areas		
* Note: All isolation distances requiring a variance should be listed, including those from ISDSs on-site and on adjacent lots.		

- 4.
- A. If the variance request is not listed in 3 above, please specify each variance sought and explain why the design can not comply with the regulation(s) involved. Please cite regulation section numbers.
- B. Explain why, in your opinion, this well location provides the best possible level of protection from pollution sources, given the specific circumstances of the site and surrounding area.

C. Explain what effect, if any, this well location will have on any adjacent, buildable lots.

D. Well is anticipated to be completed in:

- Bedrock
- Unconsolidated material (sand & gravel)

5. Are there **any** neighboring ISDS (septic systems, cesspools) within 100 feet of the proposed well?

- No.
- Yes. If yes, indicate location on plan. Indicate below the type of system:

- Cesspool
- Approved ISDS
- Other

6. Are there **any** neighboring distribution boxes or septic tanks located within 75 feet of the proposed well?

- No.
- Yes. If yes, indicate where it is located on plans

7. Are there ISDS systems approved by DEM, but not yet constructed, on any adjacent (vacant) lot?

- No.
- Yes.

8. Explain why this well is required (proposed well for new construction, old well polluted, insufficient yield, etc.)

9. Site Plans

A site plan indicating the location of proposed and existing roads, buildings, paved areas, wells, ISDSs, other pollution sources, etc. must be submitted. Also indicate on the plan the isolation distances. All plans need to be drawn in a manner that allows DEM to measure and evaluate proposed variances. The use of town maps (e.g., subdivision maps) pertaining to the lots, which are to scale, are encouraged.

If an ISDS application has been filed with the Department, a copy of the plan from such application would be suitable for submission with this variance form provided all relevant information is included.

10. Certification:

A. As the _____ property owner(s), _____ designer, _____ well driller, I hereby certify that the information provided herein is true and accurate to the best of my knowledge.

Signature: _____ Date Certified: _____

B. If someone other than the property owner(s) completed this variance request form, the owner(s) must also sign below.

I hereby submit a request for a variance as described above:

Signature: _____ Date Certified: _____

OFFICE USE ONLY

Variance(s) is (are): _____ Granted _____ Denied

DEM Official: _____ Date: _____

Return to:
Department of Environmental Management
Groundwater Section – Drinking Water Well Variance
235 Promenade Street
Providence, RI 02908-5767
(401) 222-3961
TDD Telecommunications Device for the Deaf 222-1205