



Water Well Variance Application

The request for a Variance should include, but is not limited to the following information:

Water Well Variance Request: **Drill** **Retain Existing Well**

Well Address: _____
 Latitude: _____ Longitude: _____
(Deg., Min. Sec.) (Deg., Min. Sec.)
 Owner: _____
 Mailing Address: _____
 Phone: _____ Fax: _____
 E-mail: _____

Denial of a Water Well Permit Application

Under San Antonio City Code Chapter 34-576, a person who has properly applied for and has been denied a permit by SAWS Resource Protection Division, under Sections 34-567 through 34-570 of the San Antonio City Code, may request a variance from the application of Chapter 34, Article VI, Division 2 of the San Antonio City Code. All variance requests from a water well permit denial shall be submitted with this form.

A. Subject of Requested Variance: _____

 B. Justification for Granting Variance: _____

Requirements to Retain an Existing Well

Potential customers who are being required to plug their water well as a condition of a SAWS service agreement may choose to apply for a variance. If the variance is granted, the variance shall have a term of three (3) years from the date issued. To request renewal of an existing variance, owner must re-apply at the end of each term. Owner is also required to install, test yearly and maintain a reduced pressure principal backflow prevention device on the water service line to this property in accordance with the SAWS Backflow Program.

A. Was the water well in question constructed under permit from the City Water Board or the San Antonio Water System? Yes No If yes, please provide the permit number: _____
 B. What is the present use of the well? _____ Proposed use of well? _____
 C. Is the water well located in an area subject to flooding? Yes No
 D. How far is the water well from the nearest: Livestock or poultry yards _____ Septic tank _____
 Aerobic land application spray system _____
 E. Are there other sources of potential contamination within 50 feet of the well? Yes No
 Type: _____ Distance: _____

By signing this authorization, the applicant confirms that he/she agrees to comply with the local and state requirements regulating water wells.

Applicant Printed Name _____ Applicant Signature _____ Date _____

Water Well Variances are issued by SAWS Resource Protection & Compliance Groundwater Division • Phone: 210.233.3477 • Fax: 210.233.4287

Ground Water Resource Staff Use Only			
Date Received:		Date Approved:	
Received By:		Approved By:	
		Date Denied:	
		Denied By:	

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