



For EAA Use Only
Form: EAA (March 2018)
Entity ID: _____
Facility ID: _____

900 E. QUINCY, SAN ANTONIO, TEXAS 78215
(210) 222-2204 or 1-800-292-1047 Fax (210) 222-9869

VARIANCE APPLICATION – CHAPTER 713 SUBCHAPTERS E-H

Instructions: This application is to be completed by anyone seeking a variance from EDWARDS AQUIFER AUTHORITY RULES Chapter 713, via the variance process detailed in §713.105 through §713.111. The application must be **completed, signed and notarized** before it can be processed by the EAA. Please complete all sections of this application in blue or black ink and supply the documentation requested below. Partial applications will be returned to the applicant for completion. Please keep a copy of the application for your records.

Fee required: An application processing fee of **\$25.00** must accompany this application. Payment options include online payment (<http://www.edwardsaquifer.org/online-payments>), personal check, cashier's check or money order made out to the "Edwards Aquifer Authority". **NO CASH PLEASE.** When using the online payment option, please attach the payment receipt to the submitted Variance Application.

PART I – APPLICANT INFORMATION:

Please provide the following information (attach additional pages if needed):

A. Owner or Operator of a facility seeking the variance from EAA rule(s):

1. Facility Name: _____
2. Physical Address: (Street)_____ (City)_____ (Zip) _____
3. Mailing Address: (Street)_____ (City)_____ (State) ____ (Zip) _____
4. Latitude: _____ Longitude: _____
5. Owner or Operator Name: _____ Contact Name: _____
6. Contact Phone No.: () _____ Contact Email: _____
7. Contact Mailing Address: (Street)_____ (City)_____ (State) ____ (Zip) _____

B. If the applicant designates a third party as his/her authorized representative, please provide the following information about the authorized representative:

1. Company Name: _____ Contact Name: _____
2. Description of relationship to applicant (agent, officer, attorney, etc.): _____
3. Contact Phone No.: () _____ Contact Email: _____
4. Contact Mailing Address: (Street)_____ (City)_____ (State) ____ (Zip) _____

PART II – RULE VARIANCE (PLEASE SELECT ONE OF THE FOLLOWING OPTIONS):

Option #1:

Provide the **specific rule(s)** which you seek variance from and a detailed explanation as to why the variance should be granted. A proposed alternative is to be accompany this form and must establish that the proposed alternative provides a substantially equivalent degree of protection for the Aquifer. Please attach any additional supporting documentation (i.e. narrative description of proposed alternative, schematic, facility maps, photographs, manufacturer specification sheets, etc.).

Option #2:

Provide the **specific regulated substance** for which exclusion from regulation is sought under §713.105(c). Additional information must sufficiently demonstrate that the regulated substance itself or the amount or manner in which the regulated substance is being stored and used does not pose any significant threat to the water quality of the aquifer. Please attach any additional supporting documentation (i.e. narrative description of how the regulated substance will be stored and used, Material Safety Sheets, facility maps, manufacturer specification sheets, etc.).

PART III – APPLICANT’S CERTIFICATION:

I hereby certify that the information provided herein is true and accurate.

Signature of Applicant or Authorized Representative: _____ Date _____

Co-Signature of Applicant, if any: _____ Date _____

State of Texas

County of _____

Before me, a notary public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements herein contained are true and correct.

Sworn to and subscribed before me on this ____ day of _____, 20__

Notary Public’s Signature