



Date Received

Facility Name:		NDPDES Permit Number:	
Facility Address	City	State	Zip Code
Facility Contact First Name	Facility Contact Last Name	Telephone Number	
Contact Mailing Address (If different from above)	City	State	Zip Code

Please provide a brief statement regarding the basis for requesting a temporary waiver.

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Printed Name	Title
Signature	Date

(Attach additional pages if needed)