

APPLICATION FOR TEMPORARY ELECTRONIC REPORTING WAIVER

NORTH DAKOTA DEPARTMENT OF HEALTH DIVISION OF WATER QUALITY SFN 60992 (12/15) FOR DEPT. USE ONLY

Date Received

FACILITY INFORMATION

| 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 |

REASON FOR WAIVER REQUEST

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

| RETURN COMPLETED APPLICATION TO: North Dakota Department of Health Division of Water Quality | certify under penalty of law that this document and all attachments were prepared under my direction or upervision in accordance with a system designed to assure that qualified personnel properly gather and valuate the information submitted. Based on my inquiry of the person or persons who manage the system to se persons directly responsible for gathering the information, the information submitted is, to the best of nowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for sub lise information, including the possibility of fine and imprisonment for knowing violations. | |
|---|--|-------|
| 918 East Divide Avenue, 4 th Floor Bismarck, ND 58501-1947 | Printed Name | Title |
| Telephone: (701) 328-5210 | Signature | Date |

(Attach additional pages if needed)