



**APPLICATION FOR TEMPORARY ELECTRONIC REPORTING WAIVER**  
 NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY  
 DIVISION OF WATER QUALITY  
 SFN 60992 (03/18)

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.

**SIGNATURE**

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

(Attach additional pages if needed)