**Application for**

**Electronic Reporting Temporary Waiver**



 **For Agency Use Only**

Received By Authorized By

Response Date:

**FACILITY INFORMATION**

|  |  |
| --- | --- |
| Facility Name: | NPDES Permit No. |
| Facility Address | City | State | Zip |
| Facility Contact First Name | Facility Contact Last Name | Phone Number |
| Contact Mailing Address(If different from above) | City | State | Zip |

 **WAIVER NOT NEEDED**

**REASON FOR WAIVER REQUEST**

 **Religious No Internet Access Technology**

**Provide a statement explaining this request and include steps being taken to become NetDMR capable.**

 **Publically-Owned Facility Privately-Owned Facility**

**RETURN**

**REQUEST TO:**

**Montana DEQ**

**Attn: Abbie Ebert**

**P.O. Box 200901**

**Helena, MT**

**59620-0901**

**Questions?**

**406-444-0574**

Signature: Date:

Printed Name: Title:

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 gathered and evaluated 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 a fine and imprisonment for knowing of violations.