

VARIANCE REQUEST

Kansas Department of Health & Environment
Bureau of Waste Management
1000 SW Jackson, Suite 320
Topeka, Kansas 66612-1366

Telephone: (785) 296-1600
Fax: (785) 296-8909

OFFICIAL USE ONLY
REQUEST NUMBER: _____
DATE RECEIVED: _____
DATE REVIEWED: _____

In accordance with the provisions of K.A.R. 28-31-13, this variance request is being submitted by:

Facility Name: _____
Mailing Address: _____

City: _____ State: _____ County: _____ Zip Code: _____
Location Address: _____
City: _____ State: _____ County: _____ Zip Code: _____
Contact: _____ Phone Number: _____
EPA ID Number: _____

The variance is requested from the following statutes, regulations, or other requirements of the Kansas Department of Health & Environment because exceptional circumstances make strict conformity impractical or infeasible. Cite the specific statute/regulation from which a variance is requested **and** state the reasons and exceptional circumstances which support the variance request. Attach any other pertinent data to this form.

1. _____

2. _____

3. _____

