



APPLICATION FOR TEMPORARY ELECTRONIC REPORTING WAIVER

FOR AGENCY USE ONLY

Date Received

FACILITY INFORMATION

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

REASON FOR WAIVER REQUEST (Check all that apply then justify your request in the textbox below)

- Internet connection is not fast enough to upload documents
- Permittee does not have a computer for routine business functions
- Permittee does not have Internet connection
- Other (Please describe in detail)

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

(Attach additional pages if needed)

RETURN COMPLETED APPLICATION TO: KDHE BOW 1000 SW Jackson Suite 420 Topeka, KS 66612 Fax: (785) 296-0086 dmr4kdhe@kdheks.gov	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

KDHE will contact you regarding status of eligibility.