



**APPLICATION FOR
TEMPORARY/PERMANENT ELECTRONIC REPORTING
WAIVER**

EPA REGION 05

FOR AGENCY USE ONLY

<p>Date Received</p>

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

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

SIGNATURE

<p>RETURN COMPLETED APPLICATION TO:</p> <p>EPA Region 05 Mailcode: WC-15J 77 West Jackson Blvd Chicago, IL 60604 or Coleman.james@epa.gov Phone #: 312-886-0148</p>	<p>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.</p>	
	Printed Name	Title
	Signature	Date

(Attach additional pages if needed)