

**TEMPORARY ELECTRONIC REPORTING WAIVER
NPDES NetDMR**

Nebraska Department of Environmental Quality

FACILITY INFORMATION

<i>Facility Name</i>		<i>NPDES Permit No.</i>	
<i>Facility Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Facility Contact First, Last Name</i>	<i>Facility Contact Email Address</i>	<i>Telephone Number</i>	
<i>Contact Mailing Address (If different from above)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

REASON FOR WAIVER REQUEST

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

SIGNATURE

RETURN COMPLETED APPLICATION TO: NDEQ 1200 N Street Suite 400, The Atrium Lincoln, NE 68508 Tel: 402-471-4220	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.	
	<i>Printed Name</i>	<i>Title</i>
	<i>Signature</i>	<i>Date</i>