



IOWA DEPARTMENT OF NATURAL RESOURCES
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM AND OPERATION PERMITS
WATER QUALITY BUREAU
502 EAST 9th STREET - DES MOINES, IA 50319-0034
 Telephone: (515) 725-8200; Fax: (515) 725-8202

PETITION FOR WAIVER OR VARIANCE

Pursuant to 561 Iowa Administrative Code Chapter 10, Waivers or Variances from Administrative Rules, a petitioner must provide comprehensive justification of a proposed request for a waiver or variance to an administrative rule as adopted by the Department.

This form will assist you in providing all pertinent information that is necessary for the Department to grant a waiver or variance. The form must be submitted to the Department and must contain an adequate amount of factual and concise information. The obligation rests with the petitioner to provide convincing evidence to justify the granting of a waiver or variance. You may provide additional information or attach additional pages if needed. The Department reserves the right to require additional information to further support request for a waiver or variance.

Petitions will be comprehensively evaluated by the Department. The Department reserves the right to place any condition on the waiver/variance. If information is not inclusive, concise, or does not adhere to the justifications and/or proof the petitioner has submitted, the waiver or variance may be denied. Upon review, the department will grant or deny the waiver or variance in writing.

Waivers and variances are temporary unless evidence is shown that a temporary waiver or variance would be impracticable. Once the waiver or variance expires the rule will be enforceable. There is no automatic renewal of waivers or variances. The term of a waiver or variance is 1 (one) year, unless the permittee can justify a longer term or permanent time frame. The Department may renew a waiver or variance at its discretion. Please note that the Department is not allowed to waive or alter a statutory duty or requirement.

CONTACT INFORMATION

Petitioner Information
Name:
Address:
City, State Zip:
Telephone:

Facility Information
Name:
Address:
City, State Zip:
Telephone:



PETITIONER JUSTIFICATION

You must provide clear and convincing evidence to prove the following. You shall provide additional attachments as necessary.

1. Please describe the specific requested waiver or variance.

2. Cite the specific Administrative Rule from which the waiver or variance is requested.

3. Please list relevant facts which justify the waiver or variance.

4. What permits are held by the facility?

5. What permit is the waiver or variance requested for?

6. What operations will the waiver or variance include?

7. When is the facility in operation, yearly or seasonal? If seasonal, explain time lengths of operations.



8. In the past 5 years:

Has the facility been issued a NOV? Yes No If yes, please explain:

Has the facility been issued an Administrative Consent Order? Yes No If yes, please explain:

Has the facility been in a court of law? Yes No If yes, please explain:

Has the facility been involved in contested case proceedings? Yes No If yes, please explain:

9. How and why is the absence of the waiver or variance posing an undue hardship for the facility?

10. Are there any public agencies, political subdivisions of the state or federal government, person or entity which may be affected by the granting of the proposed waiver or variance? Yes No

If yes, you must provide the name(s), address(es), telephone number(s), and other relevant contact information.

11. If the waiver or variance is granted, would it pose a threat to any person's rights? If so, how?



12. How will the quality of public health, safety, and welfare be maintained if the waiver or variance is granted? Attach analytical data and/or studies to support your justification.

13. Pursuant to 561 IAC 10.5 a waiver or variance shall not be permanent. Is a temporary waiver or variance impractical for the facility? If so, how?

14. Requested time extent of waiver or variance.

15. Do You know how the Department has treated similar situations? Yes No

If yes, describe how similar situations were handled:

PETITIONER CERTIFICATION

The Department shall grant or deny a petition for a waiver or variance with 120 days of the receipt of the petition. Failure of the Department to grant or deny a petition within the required time period shall be deemed a denial of that petition by the Department. A waiver or variance is void if the material facts are not true or if facts have been withheld. The Department reserves the right to cancel a waiver or variance at any time if the Department finds that the facts as stated in the request are not true, material facts have been withheld, the alternative means of compliance provided in the waiver or variance have failed to achieve the objectives of the statute, or the requester has failed to comply with the conditions of the waiver or variance.

By signing this petition, I certify that all information listed on this petition and the attached additional information is factual and accurate.

Signature: _____

Name: _____

Position: _____

Date: _____