IOWA DEPARTMENT OF NATURAL RESOURCES
LAND QUALITY BUREAU
6200 PARK AVE STE 200 | DES MOINES IA 50321
Telephone: (515) 725-8200; Fax: (515) 725-8201

PETITION FOR WAIVER

Pursuant to 7 Iowa Administrative Code (IAC) Chapter 2504, Waivers from Administrative Rules, a petitioner must provide comprehensive justification of a proposed request for a waiver to an administrative rule as adopted by the Department of Natural Resources (DNR).

This form will assist you in providing all pertinent information that is necessary for the DNR to grant a waiver. The form must be submitted to the DNR 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. You may provide additional information or attach additional pages if needed. The DNR reserves the right to require additional information to further support request for a waiver.

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

Waivers are temporary unless evidence is shown that a temporary waiver would be impracticable. Once the waiver expires the rule will be enforceable. There is no automatic renewal of waivers. The DNR may renew a waiver at its sole discretion. Please note that the DNR is not allowed to waive or alter a statutory duty or requirement.

CONTACT INFORMATION

Petitioner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

PETITIONER JUSTIFICATION

Petitioner must provide clear and convincing evidence to prove the following:

1. Please describe the specific requested waiver.

2. Cite the specific administrative rule from which the waiver is requested.

3. What permit is the waiver requested for?

4. What operation(s) will the waiver include?

5. Pursuant to Iowa Code section 17A.9A(3) a waiver will not be permanent. Is a temporary waiver impractical? If so, how?

6. Requested time extent of waiver?

7. Please list relevant facts that justify the waiver.

8. How and why is the absence of the waiver posing an undue hardship?

9. How will equal protection of public health, safety, and welfare be maintained if the waiver is granted? Provide any analytical data and/or studies to support your justification.

10. In the past 5 years:
    Has the petitioner been issued an NOV? ☐ Yes ☐ No
    If yes, please explain:

11. Administrative Order? ☐ Yes ☐ No
    If yes, please explain:

12. Involved in contested case proceedings? ☐ Yes ☐ No
    If yes, please explain:

13. In a court of law? ☐ Yes ☐ No
    If yes, please explain:

14. Are there any public agencies, political subdivisions of the state or federal government, person or entity that may be affected by the granting of the waiver? ☐ Yes ☐ No

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

15. If the waiver is granted, would it adversely affect any person's rights? ☐ Yes ☐ No

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

16. Do you know how the DNR has treated similar situations? ☐ Yes ☐ No
    If yes, describe how similar situations were handled:

PETITIONER CERTIFICATION

The DNR shall grant or deny a petition for a waiver with 180 days of the receipt of the petition. Failure of the DNR to grant or deny a petition within the required time period shall be deemed a denial of that petition by the DNR. A waiver is void if the material facts are not true or if facts have been withheld. The DNR reserves the right to cancel a waiver at any time if the DNR 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 have failed to achieve the objectives of the statute, or the requester has failed to comply with the conditions of the waiver.

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

Signature: _____ Date: _____

Name: _____ Position: _____