



Iowa DNR Air Quality  
 6200 Park Ave Ste 200  
 Des Moines IA 50321  
 515-725-8200

<b>DNR Use Only</b>
Con 10-1/
Fac. #:
CO/VD

### WAIVER APPLICATION

Requirements of IAC 567 21.2(1)

**ACTIVITY IS ELIGIBLE FOR CONSIDERATION OF A WAIVER**

- This activity is not eligible to use the start of construction rule listed in [IAC 567 22.1\(c\)](#).  
 This activity does not meet any exemption listed in [IAC 567 22.1\(2\)](#).  
 This activity does not meet any of the reasons for denial of waivers listed in [IAC 567 21.2\(4\)](#).  
 Please contact AQB with eligibility questions (515-725-8200)

1. Name of Firm/Company: \_\_\_\_\_
2. Facility Name (if different): \_\_\_\_\_ 3. Facility Number: \_\_\_\_\_
4. Equipment Location- Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
5. Mailing Address (if different): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
6. Person to Contact: \_\_\_\_\_
7. Phone: \_\_\_\_\_ 8. Email (if available): \_\_\_\_\_
9. Type of Business or Activity: \_\_\_\_\_
10. Nature of Operation: \_\_\_\_\_
11. Pollutants that would be emitted: \_\_\_\_\_
12. Emission Unit Number(s): \_\_\_\_\_
13. Current Permit Number(s): \_\_\_\_\_
14. Describe exact location for process: \_\_\_\_\_
15. Requested Waiver Start Date: \_\_\_\_\_
16. Duration of the Waiver: \_\_\_\_\_

**17. ENVIRONMENTAL IMPACT**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	A. Will this activity result in an increase of emissions?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	B. Are the emission calculations attached to this request?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	C. Has the facility ever been modeled before? (If yes, answer question 17 D.)
		D. When was modeling completed and for what pollutants?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	E. If modeling was conducted to support this request, has it been submitted to AQB?

**18. REASON(S) FOR REQUEST**

<input type="checkbox"/>	Stack test waiver, extension of testing timeline, representative testing that isn't included in a permit	<input type="checkbox"/>	Alternate fuel burns, fuel additives
<input type="checkbox"/>	Requests to exceed short term or long term emission limits, VOC/HAP content limits	<input type="checkbox"/>	Physically modify or construct before obtaining permit - will obtain/modify permit

<input type="checkbox"/>	Install and operate temporary equipment – will not be obtaining permit	<input type="checkbox"/>	Permit conditions: operating limits, hours, VOC content - will obtain/modify permit
<input type="checkbox"/>	Temporary process change, operating limit exceedance, new raw material, etc. – will not be modifying permit (this is for changes that would trigger a permit modification; if it's something that can be done under existing permit, no waiver is required)	<input type="checkbox"/>	Waiver from permit conditions or from the requirement to obtain a permit, if the activity isn't covered under any of the other categories. Example: extending the construction timeline for new construction. Check this box if the waiver request covers activities from more than one category.

The reason or reasons for considering that compliance with the provisions specified in IAC will produce serious hardship without equal or greater benefits to the public, and the reasons why no other reasonable method can be used for such operations without resulting in a hazard to health or property:

**19. PREVIOUS WAIVER REQUESTS**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has your company made a similar request before at one or more locations within Iowa?
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**20. CONSTRUCTION PERMIT HAS BEEN SUBMITTED**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If applicable, has a construction permit application been submitted for a new permit or to modify the existing permit(s) associated with this request?
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**21. RESPONSIBLE OFFICIAL CERTIFICATION**

I certify the truth, accuracy, and completeness of this notification.

**Responsible Official Name** \_\_\_\_\_

**Responsible Official Signature** \_\_\_\_\_ **Date** \_\_\_\_\_