



State of Oregon
Department of
Environmental
Quality

TEMPORARY OR PERMANENT ELECTRONIC REPORTING WAIVER APPLICATION

FOR AGENCY USE ONLY

Date Received

Please complete this form and submit as instructed below. As the authorized NPDES program, DEQ will make the determination if a waiver is warranted. If granted, the facility will submit the certified paper hardcopy of the Discharge Monitoring Report to DEQ. DEQ will report the data to EPA electronically according to 40 CFR 127.

FACILITY INFORMATION

Facility Name		NPDES Permit No.	
Facility Address	City	State	Zip
Facility Contact ¹ First Name	Facility Contact Last Name	Telephone Number	
Contact Mailing Address (If different from above)	City	State	Zip

¹Facility Contact is the owner, operator, or duly authorized facility representative.

TEMPORARY WAIVER REQUEST – PLEASE ANSWER THE FOLLOWING QUESTIONS

Broadband Internet is not available for installation at this facility.	<input type="checkbox"/> True <input type="checkbox"/> False
This facility does not possess or cannot afford a computer capable of using broadband Internet.	<input type="checkbox"/> True <input type="checkbox"/> False
There is no public library that has a computer with broadband Internet within 25 miles of this facility.	<input type="checkbox"/> True <input type="checkbox"/> False
This facility has no personnel with computer skills and broadband Internet use.	<input type="checkbox"/> True <input type="checkbox"/> False
This facility cannot afford a consultant to provide electronic reporting services.	<input type="checkbox"/> True <input type="checkbox"/> False

PERMANENT WAIVER REQUEST – PLEASE ANSWER THE FOLLOWING QUESTION

The facility owner or operator is a member of a religious community (e.g., Amish, Mennonite, Hutterite) that chooses not to use electronic technology (e.g., computers, electricity).	<input type="checkbox"/> True <input type="checkbox"/> False
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REASON FOR WAIVER REQUEST AND SUPPORTING INFORMATION

Please provide a brief statement regarding the basis for requesting a waiver or to explain answers to the questions above. If applicable, attach documentation that the facility is located in an area underserved by broadband Internet access (see <https://broadbandmap.fcc.gov/>). Attach additional pages if needed.

SIGNATURE

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.

Printed Name

Title

Signature

Date

APPLICATION AND FEE SUBMITTAL

Please submit this completed and signed electronic reporting waiver application form and annual fee (check or money order payable to "DEQ") to the appropriate regional office. If the waiver is denied, DEQ will refund the fee.

DEQ Eastern Region

800 SE Emigrant Ave, Suite 330
Pendleton, OR 97801
541-276-4063

Counties: Baker, Crook,
Deschutes, Gilliam, Grant,
Harney, Hood River, Jefferson,
Klamath, Lake, Malheur, Marrow,
Sherman, Umatilla, Union,
Wallowa, Wasco, Wheeler

DEQ Western Region

165 East 7th Avenue, Suite 100
Eugene, OR 97401
541-686-7838

Counties: Benton, Coos, Curry,
Douglas, Jackson, Josephine,
Lane, Lincoln, Linn, Marion, Polk,
Yamhill

DEQ Northwest Region

700 NE Multnomah St., Suite 600
Portland, OR 97232-4100
503-229-5696

Counties: Clackamas, Clatsop,
Columbia, Multnomah, Tillamook,
Washington

Submitting an application and fee does not guarantee that the electronic reporting waiver will be granted. You should receive a response from DEQ within 30 calendar days of application receipt. If you have questions, or to check the status of your application, contact DEQ's NetDMR Support at 503-229-6400.

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Response due (30 calendar days from receipt): _____

Application reviewer: _____ Date of review: _____

Does information in this application meet the criteria for an electronic reporting waiver? Yes No

This electronic reporting waiver application is:

Approved for a temporary waiver

Approved for a permanent waiver

Waiver effective date: _____

Waiver effective date: _____

Waiver expiration date: _____
(5 years from effective date)

Denied for a temporary waiver

Denied for a permanent waiver

Name of manager: _____

Manager's signature: _____ Date: _____