



IOWA DEPARTMENT OF NATURAL RESOURCES
WATER QUALITY BUREAU

PETITION FOR WAIVER – Chapter 69

To obtain a waiver to Chapter 567 IAC 69 a petitioner must provide comprehensive justification, which satisfies all of the criteria in Iowa Code section [17A.9A](#) and 561 Iowa Administrative Code Chapter (IAC) [10.4](#) and 567 IAC [69.22](#), as applicable. Including, but not limited to, the following criteria:

1. The application of the rule would pose an undue hardship on the person for whom the waiver is requested.
2. The waiver from the requirements of the rule in the specific case would not prejudice the substantial legal rights of any person.
3. The provisions of a rule subject to a petition for a waiver are not specifically mandated by statute or another provision of law.
4. Substantially equal protection of public health, safety, and welfare will be afforded by a means other than that prescribed in the particular rule for which the waiver is requested.

This form will assist you in providing the information that is necessary for the DNR or the local County Board of Health to grant a waiver.

This form must be submitted to the DNR (via at npdes.mail@dnr.iowa.gov) or to your local County Board of Health. A local County Board of Health may, but is not required to, make a decision on a waiver request pursuant to 567—69.22. If the local permitting authority declines to make a decision on this waiver request, you may submit the waiver request to the DNR.

This form must contain an adequate amount of factual and concise information for a waiver to be granted. The obligation rests with the petitioner to provide the evidence which establishes that all of the criteria are satisfied. When reviewing a request for a waiver, the reviewing entity may require additional information to properly analyze the waiver request.

Petitions will be comprehensively evaluated by the reviewing entity. The reviewing entity reserves the right to place any condition on the waiver. If information provided in this form 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 reviewing entity 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 waived rule will become immediately enforceable. There is no automatic renewal of a waiver. The term of a waiver is 1 (one) year, unless the permittee can justify a longer term or permanent time frame. Please note that it is not permissible to waive or alter a statutory requirement. Requests to waive a statutory requirement will be summarily denied.

Petitioners must, within 30 days of submission of this petition, serve notice by certified mail of the pending petition, including a concise summary of its contents, upon all persons to whom notice is required by any provision of law. A written statement shall be provided to the DNR and the local County Board of Health attesting that the required notice has been provided. The DNR or the local County Board of Health may give notice to other persons.

DECIDING ENTITY

The Petitioner requests the following regulatory entity to review and make a decision on this waiver request:

- ☐ The Iowa Department of Natural Resources at npdes.mail@dnr.iowa.gov. The DNR will notify the applicable local County Board of Health of the DNR's decision.
- ☐ The local County Board of Health. The Petitioner must file a copy of this waiver request with the DNR at npdes.mail@dnr.iowa.gov. The local County Board of Health shall notify the DNR of its decision in writing at npdes.mail@dnr.iowa.gov.

Contact Information

Petitioner Information

Name: _____
Address: _____ City, State, Zip: _____
Email: _____ Telephone: _____

Facility Information

Name: _____ Facility ID/Permit #: _____
Address: _____ City, State, Zip: _____
Email: _____ Telephone: _____

Petitioner Justification

Each question must be answered using evidence which establishes that all of the criteria are satisfied. Additional attachments may be provided.

1. Describe the specific requested waiver:

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

3. List relevant facts which justify the waiver:

4. Why would a denial of this waiver request pose an undue hardship? Clear and convincing evidence must be provided on why the rule would pose an undue hardship for whom the waiver was requested. Please include specifics in your answer, such as site-specific spatial constraints, etc.
5. If the waiver is granted, would it prejudice the substantial legal rights of any person? ☐ Yes ☐ No
If yes, describe how.
6. Is the provision of rule subject to this petition for a waiver specifically mandated by statute or another provision of law? This includes both state and federal law.
7. How will substantially equal protection of public health, safety, and welfare be afforded by a means other than that prescribed in the particular rule for which the waiver is requested? Attach additional information to support your justification.

8. What additional permits are held by the facility? (Ex. General Permit No. 4, individual NPDES permit)

9. When is the facility in operation, yearly or seasonal? If seasonal, describe the duration of operations. If this waiver request is for a construction permit, the answer may be Not Applicable.

10. In the past 5 years has the facility been issued a Notice of Violation (NOV)? ☐ Yes ☐ No If yes, explain:

11. In the past 5 years has the facility been issued an Administrative Consent Order? ☐ Yes ☐ No If yes, explain:

12. In the past 5 years has the facility been in a court of law? ☐ Yes ☐ No If yes, explain:

13. Has the facility been involved in contested case proceedings? ☐ Yes ☐ No

If yes, explain. Include the case number of any related contested case.

14. 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?

☐ Yes ☐ No

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

15. What persons have knowledge of relevant facts related to the proposed waiver? Provide names, addresses, telephone numbers, and other relevant contact information. Signed releases authorizing these individuals to furnish the Department with relevant information shall be included with this petition.

16. Pursuant to 561 IAC 10.5, a waiver shall not be permanent. Is a temporary waiver impractical for the facility?

☐ Yes ☐ No

If yes, describe why a temporary waiver would be impracticable and describe the requested time period for the waiver. If this waiver request is for a construction permit, the answer may be Not Applicable.

17. Do you know how the DNR or the local County Board of Health has treated similar situations?

☐ Yes ☐ No

If yes, describe how similar situations were handled:

PETITIONER CERTIFICATION

The DNR or the local County Board of Health shall grant or deny a petition for a waiver within 120 days of the receipt of the petition. Failure of the reviewing regulating entity to grant or deny a petition within the required time period shall be deemed a denial of that petition. A waiver is void if the material facts are not true or if facts have been withheld. The local County Board of Health reserves the right to cancel a waiver it has issued at any time if it 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. The DNR reserves the right cancel any waiver issued by the DNR or any local County Board of Health if the DNR or a local County Board of Health finds that the facts as state 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 the attached additional information is factual and accurate.

Signature: _____ Date: _____

Name: _____ Position: _____

Submit this form to the Department of Natural Resources via email at npdes.mail@dnr.iowa.gov.