



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
eDMR WAIVER REQUEST FORM

FOR OFFICE USE ONLY

DATE RECEIVED

READ THE ACCOMPANYING INSTRUCTIONS BEFORE COMPLETING THIS FORM

PART A. FACILITY INFORMATION

PERMIT NUMBER MO-	COUNTY		
FACILITY NAME			
ADDRESS (PHYSICAL)	CITY	STATE	ZIP CODE

PART B. OWNER INFORMATION

NAME			
ADDRESS (MAILING)	CITY	STATE	ZIP CODE
TELEPHONE NUMBER WITH AREA CODE	EMAIL		

PART C. FACILITY CONTACT If same as Owner Information.

NAME	TITLE		
ADDRESS (MAILING)	CITY	STATE	ZIP
TELEPHONE NUMBER WITH AREA CODE	EMAIL		

PART D. REASON FOR WAIVER REQUEST

Check the box for the reason that best applies to you or your facility:

- Facility owned or operated by members of a religious community that choose not use certain modern technologies, such as computers and/or internet.
- Facility is located in areas with limited broadband access.
The National Telecommunications and Information Administration (NTIA) in collaboration with the Federal Communications Commission (FCC) have created a broadband internet availability map: <http://www.broadbandmap.gov/>.
- Facility commits to terminating permit within 1 year.
- Use of a computer application to facilitate electronic reporting has yet to be developed by the department.
- Other:

PART E. CERTIFICATION

I certify I am familiar with the information contained in the application, that to the best of my knowledge and belief such information is true, complete and accurate.

NAME (TYPE OR PRINT)	OFFICIAL TITLE	TELEPHONE NUMBER WITH AREA CODE
SIGNATURE		DATE SIGNED

INSTRUCTIONS FOR COMPLETING eDMR WAIVER REQUEST FORM

Part A: Facility Information

Provide the permit number, the facility name listed on the permit, the county of the facility, and physical address of the facility.

Part B: Owner Information

Provide the current owner name, mailing address, telephone number, and e-mail address for the owner.

Part C: Facility Contact Information

Provide the name, title, mailing address, work phone number, and email address of a person who is thoroughly familiar with the operation of the facility and the facts reported in this form who can be contacted by the department.

If the facility contact and owner are the same with the same information to be provided, please check the box indicating this. No additional information is needed in this part if box is checked.

Part D: Reason for Waiver Request

Check the appropriate box. Multiple boxes may be checked if applicable. If other is chosen, please provide justification. Additional justification may be attached to this form.

Part E: Certification

Signature - All forms must be signed as follows and the signatures must be **original**:

- a. For a corporation, by an officer having responsibility for the overall operation of the regulated facility or activity or for environmental matters.
- b. For a partnership or sole proprietorship, by a general partner or the proprietor.
- c. For a municipal, state, federal or other public facility, by either a principal executive officer or by an individual having overall responsibility for environmental matters at the facility.

Submittal of an incomplete form may result in form being returned or request being denied.

This completed form and any attachments should be submitted to:

Site-Specific Permits (MO-000000)	General Permits (MO-R000000 or MO-G000000)
Department of Natural Resources Water Protection Program ATTN: Operating Permits Section P.O. Box 176 Jefferson City, MO 65102-0176	Please send to the appropriate regional office. Map of regional offices with addresses and phone numbers are available online at http://dnr.mo.gov/regions/ .

If there are any questions concerning this form, contact the appropriate regional office or the Department of Natural Resources, Water Protection Program, Operating Permits Section at 800-361-4827 or 573-751-6825.