Waste Permit Deviation Request



		Date			
Agency Interest (AI#)			ММ	DD	YY
Company Name	Name of Client				
Physical Address	Occupation				
City, Zip, Parish	City		Zip		Parish
Contact Name and Title					
Purpose of Deviation/Variance					
Describe the extenuating circumstances that require the deviation/variance.					
Is the variance providing a waiver from an applicable state regulation or permit term or condition?	Yes			No	
	Indicate reg, term or condition				
Provide any additional information required to seek approval.					