



Request for Chemical Treatment Form

Permit Number _____

Permittee Information

Permittee name: _____

Permittee company name: _____

Permittee address: _____

Permittee phone number: _____

Site Information

Site name: _____

Site address: _____

Proper serial or parcel number, if known: _____

Site contact name: _____

Site contact phone number _____

Site size (acres): _____

Name of discharge water body: _____

Operator Information

Operator name: _____

Operator address: _____

Operator phone number: _____

Check Treatment Option Requested

- Chitosan enhanced sand filtration with discharge to infiltration
 - Chitosan enhanced sand filtration with discharge to temporary holding ponds (batch)
 - Chitosan enhanced sand filtration with discharge to surface waters (flow-through)
(**streams only**)
 - Batch Treatment (see BMP C250 for more information)
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Check chemical requested

- Flocclear™ (2% chitosan acetate solution)
- HaloKlear™ LiquiFloc™ (1% chitosan acetate solution)
- HaloKlear™ LiquiFloc™ (2% chitosan acetate solution)
- HaloKlear™ LiquiFloc™ (3% chitosan acetate solution)
- ChitoVan™ (1% chitosan acetate solution)
- ChitoVan™ (1.5% chitosan acetate solution)
- ChitoVan™ (A21)
- Poly Aluminum Chloride
- HaloSource Dual Polymer™
- TigerFloc
- SoundFloc
- Flocc
- BHR-P-50
- Tidal Clear™ (1% chitosan acetate solution)
- Tidal Clear™ (2% chitosan acetate solution)
- Tidal Clear Hybrid™
- Other

*Requests to use treatment chemicals that have not received approval through the CTAPE process may require a site-specific engineering report and/or an effluent toxicity evaluation through the following publication: *Laboratory Guidance and Whole Effluent Toxicity Test Review Criteria, Appendix G* (Publication W-R-95-80).

Estimate of Treatment Period

Begin date: _____ End date: _____

I hereby certify that the following information is correct:

- The Stormwater Pollution Prevention Plan (SWPPP) includes the chemical treatment system specifications and design.
- The erosion and sediment control best management practices (BMPs) on the site use all known, available, and reasonable methods of treatment (AKART) and I ensure that I will maintain these BMPs at AKART throughout the life of the construction project.
- I reviewed the best management practices on site or those proposed in the SWPPP, and believe they will not interfere with the use of chitosan enhanced sand filtration (CESF).
- I verified through jar tests that the site soil is conducive to CESF treatment.

- I verified that any treated discharged water enters a stream or a stormwater system that discharges to surface waters, not a lake, marine environment, or other water body.
- I verified that the CESF operators received Ecology-approved training.
- I read, understand, and will follow all conditions and design criteria in the applicable use level designation(s).
- I notified the appropriate local government of the intent to use chemical treatment on a site located in their jurisdiction, and they agree that the system design and use of chemicals is acceptable.
- I will keep the use level designation, operation and maintenance manual, and training certificate on-site prior to the use of chitosan acetate.
- Where necessary, a licensed engineer designed the system correctly including system sizing, pond sizing, and flow requirements.
- I verify that discharge will not affect downstream conveyance systems or stream channels.

Permittee name (printed) _____

Permittee signature _____ Date: _____

Operator name (printed) _____

Operator signature _____ Date: _____

Your authorization to use the requested chemical treatment begins once Ecology reviews and approves your completed application.

Please send your completed request to:

Douglas C. Howie, P.E.
 Department of Ecology
 Water Quality Program
 PO Box 47600
 Olympia, WA 98504-7600

To send electronically, scan signed and dated application and email to:
 douglas.howie@ecy.wa.gov

If you need this publication in an alternate format, please call the Water Quality Program at 360-407-6401. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.