ECOLOGO-BW**Request for Chemical Treatment Form**

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| **Permit Number** |  |

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| --- | --- | --- | --- |
| **Permittee Information** | | | |
| Permittee name: |  | | |
| Permittee company name: | | |  |
| Permittee address: | |  | |
|  | | | |
|  | | | |
| Permittee phone number: | | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | |  | |

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| --- | --- | --- | --- |
| **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)

**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 Polymertm

TigerFloc

SoundFloc

Floc

BHR-P-50

Tidal ClearTM (1% chitosan acetate solution)

Tidal ClearTM (2% chitosan acetate solution)

Tidal Clear HybridTM

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**

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| --- | --- | --- | --- |
| 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 in 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.

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| --- | --- | --- | --- | --- |
| 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.