

Appendix L – Suggested Format for Request for Chemical Treatment

If you plan to add “cationic treatment chemicals” (as defined in Appendix A) to stormwater and/or authorized non-stormwater prior to discharge, Part 1.1.9 requires you to notify your applicable EPA Regional Office in advance of submitting your NOI. The EPA Regional Office will authorize coverage under this permit after you have included appropriate controls and implementation procedures designed to ensure that your use of cationic treatment chemicals will not lead to an exceedance of water quality standards. To notify your EPA Regional Office, you may use following form.



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
SUGGESTED FORMAT FOR NOTIFYING EPA ABOUT PROPOSED USE OF CATIONIC TREATMENT CHEMICALS
UNDER THE 2017 NPDES CONSTRUCTION GENERAL PERMIT**

Under Part 1.1.9 of the 2017 CGP, if you plan to add "cationic treatment chemicals" (as defined in Appendix A) to stormwater and/or authorized non-stormwater prior to discharge, you may not submit your Notice of Intent (NOI) until you notify your applicable EPA Regional Office in advance and the EPA Regional Office authorizes coverage under this permit after you have included appropriate controls and implementation procedures designed to ensure that your use of cationic treatment chemicals will not lead to a violation of water quality standards. You may use this suggested form to notify your EPA Regional Office about your proposed use of cationic treatment chemicals.

I. Operator Information

Operator Name:

Mailing Address:

Street:

City: State: ZIP Code: -

Phone: - - Ext.

E-mail:

II. Project/Site Information

Project/Site Name:

Project/Site Address:

Street/Location:

City: State: ZIP Code: -

County or Similar Government Subdivision:

Site contact name (if different from operator):

Site contact phone (if different from operator): - -

Name(s) of receiving waterbodies: _____

III. Map

Attach a map that illustrates the entire site including all of the below items. Include this map in your Stormwater Pollution Prevention Plan (SWPPP):

- All receiving waterbodies
- All proposed location(s) of chemical treatment system(s)
- All proposed point(s) of discharge to receiving waterbodies
- All soil types within areas to be disturbed
- All area of earth disturbance
- Sufficient indication of topography to indicate where stormwater flows

Attach a schematic drawing of the proposed treatment system(s). Include all components of the treatment train, sample points, and pipe configurations. In addition to sufficient holding capacity upstream of treatment, the system must have the capacity to hold water for testing and to re-treat water that does not meet water quality standards.

IV. Responsible Personnel

Treatment System Operator or Company Name (if subcontracted out):

Street/Location:

City: State: Zip Code: -

Responsible personnel. List personnel who will be responsible for operating the chemical treatment systems and application of the chemicals. Cite the training that the personnel have received in operation and maintenance of the treatment system(s) and use of the specific chemical(s) proposed.

V. Proposed Treatment

Check proposed treatment system.

- Chitosan enhanced sand filtration with discharge to infiltration (ground water)
- Chitosan enhanced sand filtration with discharge to temporary holding ponds (batch).
- Chitosan enhanced sand filtration with discharge to surface waters (flow-through).
- Other (describe below and submit documentation that the proposed system and chemical(s) demonstrate the ability to remove turbidity and produce non-toxic effluent/ discharge)

Check proposed cationic chemical(s) to be used:

- FlocClear™ (2% chitosan acetate solution)
- StormKlear™ LiquiFloc™ (1% chitosan acetate solution).
- ChitoVan™ (1% chitosan acetate solution).
- StormKlear™ LiquiFloc™ (3% Chitosan acetate solution)
- Other _____

Estimated Treatment Period Start Date: / /

Estimated Treatment Period End Date: / /

Describe sampling and recordkeeping schedule. Attach additional sheets as needed:

Explain why you have selected this proposed treatment system and chemicals. Include an explanation of why the use of cationic treatment chemicals is necessary at the site. Reference how the soil types on your site influenced your choices. Describe or provide an illustration of how the site of the discharge will be stabilized and why the discharge location will not cause erosion of the discharge water's bank or bed (please note that a permit from the Corps and state agencies may be necessary to place rock in the water body for this stabilization). Attach as many additional sheets as needed for a full explanation. If you have a report from a chemical treatment contractor describing their recommended approach you may attach that.

VI. Certification Information

I have documented and hereby certify that the following information is correct and has been documented in the SWPPP for this project:

- The SWPPP includes a complete site-specific description of the chemical treatment system herein proposed for use, including specifications, design, and Material Safety Data Sheets for all chemicals to be used.
- The controls to be used on the site are compatible with the safe and effective use of cationic chemical treatment.
- I verified through jar tests that the site soil is conducive to chemical treatment.
- I verified that the chemical treatment system operators for this project received training.
- I read, understand, and will follow all conditions and design criteria in the applicable use designation(s).
- If the discharge is to tribal waters, I notified the appropriate tribal government of the intent to use chemical treatment on a site located within that jurisdiction.
- I will keep the use level designation, operation and maintenance manual, and training certificate on site prior to and during use of chemical treatment.
- A licensed engineer designed the system for this project including system sizing, pond sizing, and flow requirements.
- I verify that the discharge will not adversely affect downstream conveyance systems or stream channels (e.g. cause erosion).

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Official First Name, Middle Initial, Last Name:

Title:

Signature: _____ Date: / /

Email:

Instructions for Submitting This Form:

Submit your this form to your applicable EPA Regional Office. Contact information can be found at: <https://www.epa.gov/npdes/contact-us-stormwater#regional>