



# Request for Chemical Treatment Form

Permit Number \_\_\_\_\_

- Industrial Stormwater Permit  
 Construction Stormwater Permit

## Permittee Information

Permittee name: \_\_\_\_\_

Permittee company name: \_\_\_\_\_

Permittee address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permittee phone number: \_\_\_\_\_

## Site Information

Site name: \_\_\_\_\_

Site address: \_\_\_\_\_

Proper parcel number, if known: \_\_\_\_\_

Site contact name: \_\_\_\_\_

Site contact phone number: \_\_\_\_\_

Name of receiving water body: \_\_\_\_\_

## Treatment System Operator Information

Operator or Company Name: \_\_\_\_\_

Operator address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Operator phone number: \_\_\_\_\_

### Check Treatment Option Being 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**
  - Electrocoagulation
  - Other \_\_\_\_\_
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### Check chemical being requested

- Flocclear™ (2% chitosan acetate solution)
  - StormKlear™ LiquiFloc™ (1% chitosan acetate solution)
  - ChitoVan™ (1% chitosan acetate solution)
  - StormKlear™ LiquiFloc™ (3% Chitosan acetate solution)
  - Other \_\_\_\_\_
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### Estimate of Treatment Period

Begin date: \_\_\_\_\_ End date: \_\_\_\_\_

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I hereby certify that the following information is correct:

- The Stormwater Pollution Prevention Plan (SWPPP) includes the chemical treatment system specifications and design.
- The best management practices (BMPs) on the site use all known, available, and reasonable methods of treatment (AKART) and I ensure that these BMPs will be maintained at AKART.
- I reviewed the best management practices on site or those proposed in the SWPPP and believe they will not interfere with the use of chemical treatment.
- I verified through jar tests that the site soil is conducive to chemical treatment.
- I verified that any treated discharged water enters a stream or a stormwater system that discharges to flowing fresh water, not to lakes, marine environments, or other quiescent water bodies.
- 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: \_\_\_\_\_

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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:**

Doug Howie  
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](mailto:douglas.howie@ecy.wa.gov)**

*To ask about the availability of this document in a format for the visually impaired, 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.*