

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Request for Use of Cationic Chemical Additives

For MDE Use ONLY

AI#: _____

SECTION I: Facility Operator Information

(A) Owner/Operator Name

(B) Primary Contact Name

Title

Telephone Number

Email Address

(C) Mailing Address

Street

City

State

ZIP Code

SECTION II: Facility Information

(A) Name of Facility

(B) Facility Address (if different than your mailing address)

Street

City

State

ZIP Code

(C) Identify the 8 digit identifier(s) and name(s) of the receiving water(s).

SECTION III: PPP/SWPPP Documentation

Consult the *Standards for Use of Chemical Additives for Sediment Control* document as well as the language of the permit under which you seek coverage to determine specific requirements for a Pollution Prevention Plan (PPP) or Stormwater Pollution Prevention Plan (SWPPP). All sections of that plan which pertain to chemical additive usage and treatment system design/operation/maintenance must be attached to this form.

SECTION IV: Certification

To be completed by a responsible corporate officer, proprietor, general partner, principal executive officer, or ranking elected official or their duly authorized representative, as detailed in the permit under which you seek coverage.

"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 gather and evaluate 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."

Signature/Certifier

Date



Signatory Name/Title: Typed or Printed

Telephone Number

Prepared by:

Telephone Number

Email Address