MARYLAND DEPARTMENT OF THE ENVIRONMENT
Request for Cationic Chemical Additive Form

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).

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SECTION III: Treatment Schematic
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.

SECTION III: Treatment System Operator(s)
(A) If subcontracted out, indicate the treatment system operator or company name
(B) List personnel who will be responsible for operating the chemical treatment systems and application of the chemical additives. Cite the training that the personnel have received in operation and maintenance of the treatment system(s) and use of the specific chemical additive(s) proposed.

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SECTION IV: Treatment Option

(A) Check Treatment Option Being Requested - *Passive, stochastic methods, such as blocks of flocculent material are not approved.*

☐ 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 (if not one of the above, then submit separate documentation with further explanation, including the ability to remove turbidity and produce non-toxic effluent/discharge)

(B) Check Chemical Additive Being Requested

☐ FlocClearTM (2% chitosan acetate solution)
☐ StormKlearTM LiquiFlocTM (1% chitosan acetate solution)
☐ ChitoVanTM (1% chitosan acetate solution)
☐ StormKlearTM LiquiFlocTM (3% Chitosan acetate solution)
☐ Other (if not one of the above, then submit documentation with further explanation)

(C) Estimated Treatment Period

Begin Date		End Date	

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

Explain why you have selected this combination of chemical additive and treatment options. Reference how the soil types on your site influenced your choices. Describe or provide an illustration of how the site of the discharge has been stabilized and why the discharge location will not cause erosion of the discharge water's bank or bed. Attach as many additional sheets as needed for a full explanation.

SECTION V: 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 Part II.C of the permit.

"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