

Stormwater Treatment Request

For MSGP Projects Under
General Permit 3-9003



VERMONT DEPARTMENT OF
ENVIRONMENTAL CONSERVATION
WATERSHED
MANAGEMENT DIVISION
STORMWATER PROGRAM

This form shall be completed by the operator, a person acting under the operator, or a professional engineer (licensed in the State of Vermont). **The use of active stormwater treatments, including flocculants and chlorides, shall not occur until the permittee has received written approval from DEC.** This is the written request form to be approved by DEC and shall be maintained on site.

A. Project Information

1. Project Name:
2. Permit Number:
3. Receiving Water:

B. Person Completing the Form

1. Name:
2. Mailing Address:
 - a. Street/PO Box:
 - b. City/Town:
 - c. State:
 - d. Zip:
3. Contact Information
 - a. Phone:
 - b. Email:

C. Treatment Description

1. Describe details of the stormwater treatment request, not previously approved as part of the existing authorization; description, location, reasons why, chemicals used, etc.;
**Attach revised EPSC Plans, Safety Data Sheets and any other information to document the proposed changes.*

D. Certification

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.

Name: _____ Title: _____

Signature: _____ Date: _____