

# Stormwater Treatment Request

For Moderate & INDC Projects Under  
General Permit 3-9020 &  
Individual Discharge Permit



VERMONT DEPARTMENT OF  
ENVIRONMENTAL CONSERVATION  
**WATERSHED**  
MANAGEMENT DIVISION  
STORMWATER PROGRAM

This form shall be completed by the On-Site Plan Coordinator(OSPC), a person acting under the OSPC and/or the original designer, a professional engineer(licensed in the State of Vermont), or a Certified Professional in Erosion Prevention and Sediment Control(EPSC) for changes allowed without an amendment of the authorization or individual permit for the use of active stormwater treatments. **The use of active stormwater treatments, including flocculants, 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. Project Risk Score:  Moderate  INDC 4. Receiving Water: \_\_\_\_\_

## B. Certifying Professional

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: \_\_\_\_\_