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 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. Project Risk Score: 🗌 Moderate 🗌 INDC	4. Receiving Water:				
B. Certifying Professional					
1. Name:					
 Mailing Address: a. Street/PO Box: 					
b. City/Town: c. Sta	ate: d. Zip:				
3. Contact Information a. Phone: b. En	nail:				
C. Treatment Description 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. 					
supervision in accordance with a system designed and evaluated the information submitted. Based or system, or those persons directly responsible for g to the best of my knowledge and belief, true, accur	d all attachments were prepared under my direction or to assure that qualified personnel properly gathered my inquiry of the person or persons who manage the athering the information, the information submitted is, ate, and complete. I am aware that there are significant the possibility of fine and imprisonment for knowing				
Name:	Title:				
Signature:	Date:				

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