



Dedicated to protecting and improving the health and environment of the people of Colorado

DIVISION USE ONLY

Requested by _____

Date requested _____

Date entered _____

CHEMICAL APPROVAL REQUEST

Please print or type all information. All items must be filled out completely and correctly. If the form is not complete, it will be returned. All modification dates are established by the Division. This form is for modifying an established permit or certification. Terminations, Change of Contacts, Transfer of Permit, and/or Withdrawal of Permit Application must be submitted on the appropriate form.

MAIL ORIGINAL FORM WITH INK SIGNATURES TO THE FOLLOWING ADDRESS:

Colorado Dept of Public Health and Environment
Water Quality Control Division
4300 Cherry Creek Dr. South WQCD-P-B2
Denver, CO 80246-1530

FAXED or EMAILED FORMS WILL NOT BE ACCEPTED.

- PART A. IDENTIFICATION OF PERMIT** Please identify the permit number for modification request

PERMIT NUMBER _____

- PART B. PERMITTEE INFORMATION** (application must be signed by the legal contact listed here)

Company Name _____

Mailing Address _____

City _____ State _____ Zipcode _____

Legal Contact Name _____ Phone Number _____

Title _____ Email _____

- PART C. FACILITY/PROJECT INFORMATION**

Facility/Project Name _____

Location (address) _____

City _____ County _____

Local Contact Name _____ Phone Number _____

Title _____ Email _____

COLORADO WATER QUALITY CONTROL DIVISION - CHEMICAL APPROVAL APPLICATION

www.coloradowaterpermits.com

• **PART D. REQUIRED INFORMATION FOR CHEMICAL REQUEST:**

***** This application must be complete (i.e., applicants must provide ALL required information) for the division to process the chemical request *****

For EACH chemical requested, provide the following information - use additional pages if necessary.

1. Is an MSDS attached for EACH chemical product requested? Yes No
2. List name of each chemical product requested, the wastestream and outfall, and dosing rate

Chemical	Wastestream and outfall	Dosing rate (in influent or pond) -- in mg/L or ug/L --
Chemical 1:		
Chemical 2:		

3. List each **active component** as a percentage of the chemical product.

If the active component is not 100% of the chemical product, list all other ingredients (e.g., non-active ingredients, carriers, proprietary ingredients, etc.) as a percentage of the mixture.

Chemical 1:

Active component	Percent of mixture	Other component	Percent of mixture

4. Does the chemical product contain proprietary ingredients? Yes No

** The division may require additional information from the manufacturer to identify the presence or absence of specific parameters in the proprietary component of the mixture.*

5. Provide the concentration of each active/other component in the effluent, and the method used to derive the concentration.

Chemical 1:

Active component	Conc. In Effluent (in mg/L or ug/L)	Method used
Other component	Conc. In Effluent (in mg/L or ug/L)	Method used

6. Provide the aquatic toxicity of the chemical, as documented in the MSDS.

a. The aquatic toxicity provided above represents: active component only mixture

7. Did the applicant evaluate using a less toxic chemical for treatment? Yes No

Additional Information for applicant

- The requested chemical addition may trigger certified operator requirements, pursuant to Section 100.5.2 of the Water and Wastewater Facility Operator Certification Requirements.
- The requested chemical addition may result in additional limitations and/or monitoring requirements in the certification/permit (e.g., Whole Effluent Toxicity (WET), metals, organics, etc.)

• **PART E. CERTIFICATION Required Signatures**

“I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment. “I understand that submittal of this application is for coverage under the State of Colorado Discharge Permit System until such time as the application is amended or the certification is transferred, inactivated, or expired.”

Signature of **Legally Responsible Party**

Date Signed

Name (printed)

Title

*This modification application shall be signed, dated, and certified for accuracy by the permittee. In all cases, it shall be signed as follows:

1. In the case of a corporation, by a principal executive officer of at least the level of vice-president, or his or her duly authorized representative, if such representative is responsible for the overall operation of the operation from which the discharge described herein originates;
2. In the case of a partnership, by a general partner;
3. In the case of a sole proprietorship, by the proprietor;
4. In the case of a municipal, state, or other public operation, by either a principal executive officer, ranking elected official, or other duly authorized employee.