MARYLAND DEPARTMENT OF THE ENVIRONMENT

DRAFT - Request for Use of Cationic Chemical Additives | AI#:_____

For MDE Use ONLY	
AI#:	

SECTION I: Facility Operator Information				
(A) Owner/Operator Name				
(12) O WHOLL OF PRINCE				
(B) Primary Contact Name	Title			
(b) Timary contact value	Title			
Telephone Number	Email Address			
Telephone rumber	Linaii i taaress	an radicos		
(C) Mailing Address				
Street				
City	State	ZIP Code		
	State	Zir code		
SECTION II: Facility Information				
(A) Name of Facility				
(12) I value of I define				
(B) Facility Address (if different than your mailing address)				
Street				
City	State	ZIP Code		
	State	ZII Code		
(C) Identify the 8 digit identifier(s) and name() of the receivin	g water(s)		
(c) identify the o digit identificity and name(s) of the receiving water(s).				
SECTION III: PPP/SWPPP Documentation Consult the Standards for Use of Chemical Additives for Sediment Control document as well as the language of				
the permit under which you seek coverage to determine specific requirements for a Pollution Prevention Plan				
(PPP) or Stormwater Pollution Prevention Plan (SWPPP). All sections of that plan which pertain to chemical				
additive usage and treatment system design/operation/maintenance must be attached to this form.				
SECTION IV: 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 the permit under which you seek				
coverage.				
"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 Nama/Title: Tymed or Drinted	To1	hana Number		
Signatory Name/Title: Typed or Printed	relep	hone Number		
Prepared by:				
Telephone Number	Emai	Email Address		