



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF CLEAN WATER

## NEW CHEMICAL ADDITIVES REQUEST FORM

Use this form to request approval of new chemical additives that are not identified on DEP's Approved List (see [www.dep.pa.gov/chemicaladditives](http://www.dep.pa.gov/chemicaladditives)). One form should be used for each proposed chemical additive. Upon approval, DEP will add the chemical to the Approved List. **The Material Safety Data Sheet (MSDS) must be attached.**

Indicate who is submitting this form:  Permittee  Manufacturer

**Permittee Name:** \_\_\_\_\_ **Facility Name:** \_\_\_\_\_  
**Permit No.:** \_\_\_\_\_ **Municipality:** \_\_\_\_\_  
**Permit Effective Date:** \_\_\_\_\_ **County:** \_\_\_\_\_  
**Permit Expiration Date:** \_\_\_\_\_

**Trade Name of Chemical Additive:** Steamate NA2160  
**Manufacturer Name:** SUEZ WTS USA, Inc.  
**Intended Use(s):** Neutralizing amine  
**48-Hour LC<sub>50</sub> or EC<sub>50</sub>**  
**(for whole product):** 298 mg/L

**Species Tested:**  Ceriodaphnia sp.  Daphnia sp.  Simocephalus sp.

**List All Product Ingredients:**

Constituent Name:	CAS #	Percent (%)	By Weight or Volume
See attached Confidential Composition sheet for PA DEP Use only			
Total:		100	

**Analytical Method(s) That May be Used to Determine Effluent Concentration:**

N/A

**Method Detection Limit (mg/L):**

N/A

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Name/Title Principal Executive Officer

Signature of Principal Executive Officer or  
Authorized Agent

Date

Alayne Weitz/Regulatory Specialist

Alayne Weitz

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## NEW CHEMICAL ADDITIVES REQUEST FORM INSTRUCTIONS

“Chemical additive” means a chemical product (including products of disassociation and degradation, collectively “products”) introduced into a waste stream that is used for cleaning, disinfecting, or maintenance and which may be detected in effluent discharged to waters of the Commonwealth. The term generally excludes chemicals used for the production of goods or chemicals used in the treatment of wastewater.

The Department of Environmental Protection (DEP) maintains a list of chemical additives (“Approved List”) on its website that are approved for general use for industrial operations with NPDES permits (see [www.dep.pa.gov/chemicaladditives](http://www.dep.pa.gov/chemicaladditives)). If required by the facility’s NPDES permit, an industrial facility may be limited to using those chemical additives on the Approved List. When a chemical additive is not identified on the Approved List and usage is desired, chemical manufacturers or facilities themselves may submit the New Chemical Additives Request Form to request the addition of a chemical additive to the Approved List.

The following provides general instructions on completing the form. **Please note that failure to provide all of the requested information will result in a delay in approving the chemical additive.**

1. Indicate whether the organization that is submitting the form is a permittee or the manufacturer of the chemical additive. If a permittee is submitting the form, identify the permittee name, permit number, permit effective and expiration dates, facility name, and the municipality and county where the facility is located. If a manufacturer is submitting the form, this section may remain blank.
2. Identify the trade name of the chemical additive. This is the name that should be identified on the Material Safety Data Sheet (MSDS).
3. Identify the manufacturer name of the chemical additive.
4. List the intended use(s) of the chemical additive.
5. At a minimum, report the whole product toxicity test result (48-hour LC<sub>50</sub> or EC<sub>50</sub>), in mg/L, for a species in one of the following three genera of the family Daphnidae - Ceriodaphnia sp., Daphnia sp., or Simocephalus sp. All other whole product aquatic toxicity testing data should be reported on a separate sheet or the MSDS.
6. Identify the species tested for the LC<sub>50</sub> or EC<sub>50</sub> value(s) reported in No. 5 by checking the appropriate box(es).
7. In the table provided, list each of the product ingredients and its Chemical Abstract Services (CAS) number for the chemical additive. Also provide the percent composition and whether the composition reported is by weight or volume. **A complete list of ingredients is required**; permittees should contact the product manufacturer if all ingredients are not listed on the MSDS. If this information is proprietary, please indicate that it should be treated confidentially via cover letter or email.
8. List the analytical method from Pa. Code 25 Chapter 16 (Appendix A, Tables 2A and 2B) or other sources that may be used to determine the effluent concentration of the chemical additive or, if none exists for the chemical additive, then the active ingredient of the additive. If the analytical method is not approved by DEP or EPA, you should attach a copy of the method procedures. If no methods exist according to available information, indicate this on the form.
9. Provide the method detection limit for the analytical method in mg/L.
10. The form must be signed and dated by a responsible official of the organization submitting the request. Also provide the submitter’s phone number and email address in the event DEP needs to contact the submitter for clarification or additional information.

**An MSDS form must be attached to the New Chemical Additives Request Form.** MSDS forms should contain the minimum requirements of the Occupational Safety and Health Administration's (OSHA's) regulations at 29 CFR 1910.1200(g). In addition, aquatic ecotoxicity information should be identified on the MSDS form or on a separate sheet. If the MSDS form does not contain the minimum required information, DEP may be unable to process the request for a new additive.

Send the completed form with attachments to DEP via email at [RA-EPNPDES\\_PERMITS@pa.gov](mailto:RA-EPNPDES_PERMITS@pa.gov). If the form and attachments cannot be submitted via email, mail them to the following address:

DEP Bureau of Clean Water  
NPDES Permitting Division  
Rachel Carson State Office Building  
PO Box 8774  
Harrisburg, PA 17105-8774