



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.depweb.state.pa.us/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.**

Permittee Name: _____
Permit No.: _____

Facility Name: _____
Municipality: _____
County: _____

Trade Name of Chemical Additive: _____

Manufacturer Name: _____

Intended Use(s): _____

48-Hour LC₅₀ or EC₅₀ (mg/L) ⁽¹⁾: _____

Species Tested: _____

Active Ingredient: _____

Product Ingredients ⁽²⁾: _____

Constituent Name:	Percent (%)	By weight or volume

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

Method Detection Limit (mg/L): _____

- (1) At a minimum, report the whole product toxicity test result 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.
- (2) If this information is proprietary and should be treated confidentially, include a letter requesting confidential status. DEP will then redact the product ingredient information following its review.

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

Phone: _____

Signature of Principal Executive Officer or Authorized Agent

Date: _____
