Read Me First!

SD EForm - 1376LD V1

CERTIFICATION OF EPICHLOROHYDRIN AND ACRYLAMIDE USAGE

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

Contact Person: _____

System: _____ EPA ID# _____

Address: _____

City: _____ State: SD Zip: _____

The _____ water system certifies that epichlorohydrin and/or acrylamide are used at the indicated dosages:

Name of Polymer: _____ Manufacturer: _____

_____ x _____ = _____

% Acrylamide in Polymer | Dosage of Polymer (mg/L) | Acrylamide Dosage (mg/L) (not to exceed .0005 mg/L)

_____ x _____ = _____

% Epichlorohydrin in polymer | Dosage of Polymer (mg/L) | Epichlorohydrin Dosage (mg/L) (not to exceed .002 mg/L)

This information has been compiled by the South Dakota Department of Environment and Natural Resources. Should you have any questions regarding this requirement, please contact Mitchel Williams at (605) 773-3754.

You are requested to make changes to any information on this form that is in error.

I certify under penalty of law that the information contained herein is true and correct based upon my best information, knowledge, or belief and that I have submitted the required documentation to the South Dakota Department of Environment and Natural Resources with a copy of this form.

_____ _____

Signature of Authorized Representative Date

This form must be submitted each calendar year or when the chemical usage changes. Please complete this form and mail to the SOUTH DAKOTA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES at the following address:

Department of Environment and Natural Resources
Drinking Water Program
Joe Foss Building
523 East Capitol
Pierre, SD 57501-3181

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