



Epichlorohydrin & Acrylamide Usage Certification Form

Please submit this form by March 15th via email, mail, or fax.

Email

dwp.dmce@odhsoha.oregon.gov

Mail

OHA-Drinking Water Services
P.O. Box 14450
Portland, OR 97293-0450

Fax

(971) 673-0458

System ID: OR41 _____

Reporting Period/Year: _____

System Name: _____

County: _____

I certify that polymer(s) was was not (Check box that applies) used for treatment of drinking water during the reporting period.

If a polymer was used, it may have contained epichlorohydrin and acrylamide. In accordance with OAR 333-061-0030(7), **I hereby certify** that the product identification, listing, and maximum dosages applied during the reporting period were as follows:

Polymer #1 Name: _____

Manufacturer: _____

Certification organization listing this product in compliance with NSF Standard 60 (check one):

NSF UL WQA Other _____ None*

Allowable maximum use dosage in product listing : _____ mg/L (ppm)

Actual maximum dosage applied during reporting period: _____ mg/L (ppm)

*OAR 333-061-0087(6) - Products added to public water systems must meet requirements of NSF Standard 60 or equiv.

Polymer #2 Name: _____

Manufacturer: _____

Certification organization listing this product in compliance with NSF Standard 60 (check one):

NSF UL WQA Other _____ None*

Allowable maximum use dosage in product listing : _____ mg/L (ppm)

Actual maximum dosage applied during reporting period: _____ mg/L (ppm)

If needed, Include additional polymer information on back of form.

Signature: _____

Date: _____

Certification Submitted by (Print):

Telephone Number:

Email: _____

Polymer #3 Name: _____

Manufacturer: _____

Certification organization listing this product in compliance with NSF Standard 60 (check one):

NSF UL WQA Other _____ None*

Allowable maximum use dosage in product listing : _____ mg/L (ppm)

Actual maximum dosage applied during reporting period: _____ mg/L (ppm)

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Comments and/or Questions: _____