**Application for Water and Wastewater Systems to Request Action Under SDWA Section 1441 to Address a Shortage of a Water Treatment Chemical**

**Instructions:**

The Public Water System (PWS) or Publicly Owned Treatment Works (POTW) that is submitting an application (applicant) should submit this completed form and the following attachments to [SupplyChainSupport@epa.gov](mailto:SupplyChainSupport@epa.gov).

Include documentation relevant to this request, such as:

* Specification sheet for the treatment chemical
* Copy of the PWS’s or POTW's contract with the supplier
* Copy of correspondence with the supplier related to the shortage
* Information for additional facilities impacted (if applicable)
* Any additional information that supports the claim that the treatment chemical or critical supply is not reasonably available

**Background: Safe Drinking Water Act, Section 1441**

Section 1441 of the Safe Drinking Water Act (SDWA) provides a mechanism by which the Department of Commerce can issue an order to a vendor to provide the necessary amount of the chemical or substance to a PWS or POTW.

Under SDWA §1441(a), a PWS or POTW applies to the EPA Administrator for a certification of need when the amount of a “chemical or substance necessary to effectively treat such water is not reasonably available” or “will not be so available when required.” If EPA issues the certification, the Agency will forward it to the Department of Commerce Undersecretary for Business and Industrial Security for implementation. Persons or companies subject to the order will be given a reasonable opportunity to consult with the Department of Commerce with respect to implementation of the order.

**Public Water System (PWS)/Publicly Owned Treatment Works (POTW) Information**

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| PWS/POTW Name: |  |
| SDWIS PWSID: |  |
| And/or POTW NPDWS ID: |  |
| Contact Name: |  |
| Work Phone: |  |
| Cell Phone: |  |
| Email: |  |

**Applicant Facility Information**

If multiple facilities are impacted, provide the following information for additional facilities in a separate document included as an attachment.

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| Facility Name: |  |
| Address of the Facility: |  |
| Function of the Facility (e.g. Drinking water treatment): |  |
| Source Water Type (Surface Water/Ground Water): |  |
| Or Wastewater Type (Domestic/Industrial): |  |
| Average and Maximum Flow Processed by the Facility (gallons per day): |  |
| Retail Population Served by the Facility: |  |
| Wholesale Population Served by the Facility: |  |

**Treatment Chemical or Critical Supply that is not Reasonably Available and Order Requirements**

|  |  |
| --- | --- |
| Name of the treatment chemical or critical supply: |  |
| Use or purpose of the treatment chemical (e.g., disinfection, coagulation): |  |
| CAS Number of the treatment chemical (if applicable): |  |
| Form of the treatment chemical (solid, liquid, gas, liquefied gas): |  |
| Concentration or purity of the treatment chemical: |  |
| Packaging of the treatment chemical (e.g., bulk delivery, one-ton cylinders, 15-gallon totes): |  |
| Required certifications for the treatment chemical (e.g., NSF-60 certification): |  |
| Current price per unit (e.g., dollars per ton): |  |
| Order/Delivery Frequency: |  |
| Delivery Quantity at Indicated Frequency (Avg, Min, Max): |  |
| Facility Inventory Capacity: |  |
| State Inventory Requirements, if any: |  |
| Additional Order Specifications: |  |

**Consequences of Running Out of the treatment Chemical or Critical Supply**

Provide a brief description of the consequences to facility operations if the supply of the treatment chemical or critical supply is exhausted (e.g., shut down the system, issue a boil water notice, issuance of a Tier 1 notification, etc.) in the text box below:

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**Basis for Claim that the Treatment Chemical or Critical Supply is not Reasonably Available**

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| Explain why the treatment chemical or critical supply is not reasonably available (e.g., low supplier inventory, force majeure, contractual constraints, etc.): |  |
| Provide the inventory of the treatment chemical or critical supply in terms of both quantity and days (e.g., 15 tons, 20 days) as of the date of this application: |  |
| Provide the estimated date when the current supply of the treatment chemical or critical supply will be exhausted if no additional product is received (please base this estimate on the latest communication with your supplier: |  |
| Summarize communications with the supplier regarding the shortage, including dates of significant correspondence: |  |

**Information for the Supplier of the Treatment Chemical or Critical Supply that is not Reasonably Available**

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| --- | --- |
| Name of supplier: |  |
| Address or location of supplier: |  |
| Contact name: |  |
| Contact phone number: |  |
| Contact email address: |  |
| Does the PWS/POTW have a contract with this supplier? If yes, briefly describe the terms of the contract: |  |

**Contact with Other Suppliers**

Provide the following information for all suppliers that the PWS/POTW has contacted in an effort to secure the treatment chemical.

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| --- | --- |
| Supplier Name: |  |
| Point of Contact: |  |
| Contact phone number: |  |
| Contact email address: |  |
| Date contacted (approximate if precise date is unknown): |  |
| Provide a summary of supplier responses to your request, including quoted prices if available: |  |
| Supplier Name: |  |
| Point of Contact: |  |
| Contact phone number: |  |
| Contact email address: |  |
| Date contacted (approximate if precise date is unknown): |  |
| Provide a summary of supplier responses to your request, including quoted prices if available: |  |

**Alternative Products**

List alternative products that could be used in lieu of the treatment chemical or critical supply that is not reasonably available. For example, if a different concentration or grade of a treatment chemical be used (e.g., food grade carbon dioxide in lieu of NSF-60 certified carbon dioxide) please list below:

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Describe necessary specifications that an alternative product must meet below:

**Additional Actions Taken**

Provide a brief summary of additional actions taken in an effort to secure the treatment chemical or critical supply, including but not limited to: requesting assistance from the state drinking water program, requesting assistance through a Water and Wastewater Agency Response Network (WARN) or other mutual aid arrangement, requesting assistance through the governor’s office, etc. Include the actual or approximate date of each action.

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