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

**Instructions:**

The chemical supplier 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 applicant’s contract with their supplier
* Copy of correspondence with the applicant’s supplier related to the shortage
* Information demonstrating that the treatment chemical requested by the applicant will be provided only to Public Water Systems (PWS) or Publicly Owned Treatment Works (POTW)
* Any additional information that supports the claim that the treatment chemical 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 Public Water System (PWS), Publicly Owned Treatment Works (POTW), or a supplier that provides the chemical to a PWS or POTW.

Under SDWA §1441(a), a supplier applies to the EPA Administrator for a certification of need when they are unable to provide their PWS and POTW customers with 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.

**Applicant Company Information**

|  |  |
| --- | --- |
| Company Name: |  |
| 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.***

|  |  |
| --- | --- |
| Facility Name: |  |
| Address of the Facility: |  |
| Function of the Facility (e.g., Chemical repackaging, distribution): |  |

**Chemical that is not Reasonably Available and Order Requirements**

|  |  |
| --- | --- |
| Name of the chemical: |  |
| Use or purpose of the chemical for PWSs or POTWs (e.g., disinfection, coagulation): |  |
| CAS Number of the chemical (if applicable): |  |
| Form of the chemical (solid, liquid, gas, liquefied gas): |  |
| Concentration or purity of the chemical: |  |
| Packaging of the chemical (e.g., bulk delivery, one-ton cylinders): |  |
| Required certifications for the 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: |  |
| Additional Order Specifications: |  |

**Information for PWS/POTW Customers**

***Provide the following information for at least three of the company’s PWS/POTW customers for the chemical.***

|  |  |
| --- | --- |
| Name of the PWS/POTW: |  |
| Point of Contact: |  |
| Contact Phone Number: |  |
| Contact Email Address: |  |
| Name of the PWS/POTW: |  |
| Point of Contact: |  |
| Contact Phone Number: |  |
| Contact Email Address: |  |
| Name of the PWS/POTW: |  |
| Point of Contact: |  |
| Contact Phone Number: |  |
| Contact Email Address: |  |
| Name of the PWS/POTW: |  |
| Point of Contact: |  |
| Contact Phone Number: |  |
| Contact Email Address: |  |
| Name of the PWS/POTW: |  |
| Point of Contact: |  |
| Contact Phone Number: |  |
| Contact Email Address: |  |

**Basis for Claim that the Chemical is not Reasonably Available**

|  |  |
| --- | --- |
| Explain why the chemical is not reasonably available (e.g., low inventory for applicant’s supplier, force majeure, contractual constraints, etc.): |  |
| Provide the inventory of the chemical in terms of both quantity (e.g., tons) and days until inventory is expected to be exhausted as of the date of this application: |  |
| Summarize communications with the applicant’s supplier regarding the shortage, including dates of significant correspondence: |  |

**Information for the Applicant’s Supplier of the Chemical that is not Reasonably Available**

|  |  |
| --- | --- |
| Name of company: |  |
| Address or location of company: |  |
| Contact name: |  |
| Contact phone number: |  |
| Contact email address: |  |
| Does the applicant 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 applicant has contacted in an effort to secure the chemical, if any.***

|  |  |
| --- | --- |
| Company 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: |  |
| Company 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: |  |