



DEPARTMENT OF ENVIRONMENTAL SERVICES

Water, Sewer and Streets Bureau

4200 28<sup>th</sup> St S, Arlington, VA 22206

TEL 703-228-6570 FAX 703-228-6585 [www.arlingtonva.us](http://www.arlingtonva.us)

## **Acknowledgement of Receipt Dechlorination of Policies and Procedures**

### **(Contractor to sign and return)**

This is to acknowledge that I understand and will comply with Arlington County's Dechlorination Policy and Procedures. The policy describes important precautions regarding dechlorination procedures to help ensure the protection of water quality and aquatic life and compliance with the County's Municipal Separate Storm Sewer System (MS4) permit. I understand that a release of chlorinated water as a result of not using proper dechlorination or disposal procedures may result in a violation of County Code 26.5C and the MS4 permit. I also understand Arlington County may periodically change policies and it is my responsibility to ensure I am aware of the most recent requirements.

(Policy is available at: <http://topics.arlingtonva.us/building/discharging-chlorinated-water>.)

Initial\_\_\_\_\_

My signature below certifies that I have reviewed Arlington County's Dechlorination Policy / Procedures and agree to abide by its provisions during my work within Arlington County.

Contractor Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_