# Stormwater Testing and Evaluation of Products and Practices (STEPP) Laboratory Technology Enrollment Application

Document posted 04/18/24

#### **Overview**

Stormwater Testing and Evaluation of Products and Practices (STEPP) has been established to promote the development of a national testing and verification program for proprietary and public domain stormwater control measures (SCM). This *Laboratory Technology Enrollment Application* must be completed, submitted, and formally approved by STEPP prior to submittal of a laboratory Quality Assurance Project Plan (QAPP) and subsequent Laboratory Testing Evaluation Report (LTER). The application fee must be included with the enrollment application (see the STEPP Program Overview document for information on fees). The STEPP web page will be updated to include the application information within 10 business days.

# **SCM Proponent Information**

Scivi Froponent information
Organization name:
Mailing address:
Contact name:
Contact title:
Contact phone number:
Contact email address:

# **Technology Information**

Provide a general description of the technology including type (e.g. hydrodynamic separator or trash capture system), principal features, and removal mechanisms. In addition, please provide figures, drawings and other technical information appropriate to illustrate how the technology is employed and functions.

Do you have a performance goal or objective? If yes, please describe.

## **Applicable ASTM Standards**

Provide a list of ASTM Standards that will be used to assess SCM performance.

## **Testing Laboratory Information**

Testing laboratory name:
Testing laboratory address:
Contact name:

Contact phone number:

Contact title:

Contact email address:

Is the testing laboratory owned or operated by SCM proponent? Yes/No

If no testing laboratory has been identified, please provide information needed to help identify a testing laboratory, such as services required, geographic limitations, etc.

Provide a general statement of the testing laboratory's qualifications and capabilities (Note that STEPP only requires a testing lab to be capable of following the ASTM standard(s) identified above).

# Third Party Observer or Oversight (if required)

NOTE: Oversight applies to the entity leading the testing, rather than just observing it.

STEPP will accept first-party testing (oversight) at the proponent's lab. If the SCM Proponent's laboratory is to be used for SCM testing, provide third party observer contact information and qualifications, and attach third party observer(s) resume. If a third-party laboratory is leading the testing (overseeing), provide third party contact information and qualifications and attach the third party's resume.

Identify role of third party – Observer Oversight

Third Party Observer/Overseer name:
Third Party Observer/Overseer title:
Third Party Observer/Overseer organization:
Third Party Observer/Overseer phone number:
Third Party Observer/Overseer email address:

Third Party Observer/Overseer qualifications:

# **Analytical Laboratory Information**

Analytical laboratory name:

Analytical laboratory address:

Contact name:

Contact title:

Contact phone number:

Contact email address:

If no analytical laboratory has been identified, please provide information needed to help identify an analytical laboratory, such as services required, geographic limitations, etc.

Provide a general statement of the analytical laboratory's qualifications and capabilities. Provide information, including data, demonstrating proficiency in executing the ASTM standard(s). For examples, see <a href="Section 3.8">Section 3.8</a> of the New Jersey Department of Environmental Protection protocol for hydrodynamic separators and <a href="EPA's Competency and Proficiency Testing">EPA's Competency and Proficiency Testing</a>.

# **Statement of Potential Conflicts of Interest**

Clearly indicate any potential conflicts of interest (COI) related to the SCM proponent, testing laboratory, third party observer, and/or the analytical laboratory. Examples of COI include receiving over-scale payment for services, receiving gratuities, and using a project to promote personal or company interests.

I hereby certify that, to the best of my knowledg	ge, the information regarding potential conflicts of
interest is true and accurate:	
Contact Signature	 Date

## **Anticipated Testing Schedule**

Estimated start date for testing:

Estimated submittal date for test report:

### **Submittal Information**

Submit completed Laboratory Technology Enrollment Application to:

Seth P. Brown, PE, PhD
National Municipal Stormwater Alliance
Executive Director
8001 Forbes Place, Suite 211
Springfield, VA 22151

Or email a pdf of completed form to:

seth.brown@nationalstormwateralliance.org