



Virginia Department of Environmental
Quality
PFAS Self – Reporting Form
Version 2.0 – May 2025

VPDES Permit Number
(If applicable)

This collection of information is authorized by the Code of Virginia § 62.1-44.34:31. The code requires any facility that discharges to surface waters, or a publicly owned treatment works, and the Virginia Department of Environmental Quality deems to be a potential source of per- and polyfluoroalkyl substances (PFAS) to self-report its manufacture or use of PFAS. Reporting is mandatory, and the form must be returned within 90 days of receipt of notice to report. Completed forms may be returned to pfas@deq.virginia.gov or mail to 1111 E. Main St Suite 1400, Richmond, VA 23219 Attn: Robert Wheeler. For general questions on how to fill out the form please refer to the Self-Reporting and Monitoring FAQ on DEQ's website. Specific questions may be directed to pfas@deq.virginia.gov.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING DATE _____

SECTION 2. CONFIDENTIALITY

2.1	For reports claimed as confidential, please submit two versions of this form: <ol style="list-style-type: none">1. An unsanitized version containing all requested information. This version will be handled in accordance with 9VAC25-31-80 and § 62.1-44.21 of the Code of Virginia.2. A sanitized version in which any trade secret or confidential information, as identified by the facility, has been removed. This version may be made publicly available. Please note that the facility's name, address, and location cannot be designated as confidential.	
2.2	Are you claiming information in this report as confidential? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, skip to Section 3)	Is this form Sanitized or Unsanitized? Sanitized <input type="checkbox"/> Unsanitized <input type="checkbox"/> N/A <input type="checkbox"/>
2.3	If you are claiming the manufacture or use of a PFAS containing product is a trade secret, please describe proprietary information below.	

SECTION 3. CERTIFICATION *(Important: Read and sign after completing all form sections.)*

3.1	"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."		
	Name & official title of the owner/operator:	Signature:	Date Signed:

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name						
	Physical Street Address				Mailing Address (if different from physical street address)		
	City/County/State/Zip Code				City/State/Zip Code		
4.2	Contact Name					Telephone Number (include area code & ext.)	
	Email Address						
4.3	NAICS and/or SIC Code(s)	Primary a.	b.	c.	d.	e.	f.

PART II. PFAS SPECIFIC INFORMATION

SECTION 1. MANUFACTURING AND USES OF PFAS AT THE FACILITY

For purposes of this section, use of PFAS means intentional use of PFAS or PFAS-containing substances as a product ingredient or as a production process aid or additive, such as wetting agents, fume suppressants, photoresists, etchants, cleaners, coatings, surfactants, or flame retardants, and does not mean use of manufacturing equipment that contains PFAS.

1.1	Type of PFAS Manufactured at the Facility					
	Does your facility manufacture PFAS at this location? (If no, skip to section 1.2) Yes <input type="checkbox"/> No <input type="checkbox"/>					
	PFAS Name	Chemical Abstracts Service (CAS) Number		Maximum Monthly Production (lbs)	Amount Manufactured in CY2024 (lbs)	
1.2	Type of PFAS Used at the Facility (All products containing any quantity of PFAS)					
	Does your facility use PFAS at this location? (If no, skip to section 3) Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Product Used	PFAS Name	Chemical Abstracts Service (CAS) Number	Concentration of PFAS in the product (%)	Monthly Maximum Amount Used (lbs)	Annual Amount Used in CY2024 (lbs)

SECTION 2. QUANTITY OF PFAS CHEMICALS ENTERING ENVIRONMENTAL MEDIUM			
		Total PFAS (lbs/CY2024)	Basis of Estimate
2.1	Direct discharge to receiving streams or water bodies		Mass Balance <input type="checkbox"/> Monitoring <input type="checkbox"/>
2.2	Indirect discharges to receiving streams or water bodies		Mass Balance <input type="checkbox"/> Monitoring <input type="checkbox"/>
2.3	Disposal to Land on-site		Mass Balance <input type="checkbox"/> Monitoring <input type="checkbox"/>
2.4	Class I Underground Injection Wells		Mass Balance <input type="checkbox"/> Monitoring <input type="checkbox"/>
2.5	Class II-V Underground Injection Wells		Mass Balance <input type="checkbox"/> Monitoring <input type="checkbox"/>
2.6	Land treatment/application farming		Mass Balance <input type="checkbox"/> Monitoring <input type="checkbox"/>
2.7	Discharges to other surface impoundments		Mass Balance <input type="checkbox"/> Monitoring <input type="checkbox"/>
SECTION 3. TOTAL PFAS IN WASTEWATER STREAMS FOR INDIRECT DISCHARGERS			
3.1	DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) N/A <input type="checkbox"/>		
3.2	POTW Name:		VPDES Permit Number of POTW:
	POTW Address:		
	City/State/Zip Code:		
3.3	HAS THIS FACILITY BEGUN MONITORING FOR PFAS PRIOR TO THE RECEIVAL OF THIS FORM? Yes <input type="checkbox"/> No <input type="checkbox"/>		