

Name (typed or printed): _____ Title: _____

- Testing must have been performed within five years of application submittal.
- If requesting data be transferred from a similar device (per Section 60455), include detailed technical justification and all supporting test data.
- Include PID test if testing to 120% of rated capacity instead of 200%.

8. Lab Information

Lab	Contact	Phone	Email
1.			
2.			
3.			

9. Contaminants Proposed for Certification and Testing Information* (Check all that you plan to claim in your advertising.)

<i>Required Testing</i>	<i>Lab</i>	<i>Test Report #</i>	<i>Date Tested</i>	<i>Model Tested</i>
Extraction test w/media	_____	_____	_____	_____
Extraction test w/out media	_____	_____	_____	_____
Microbiological				
___ Cysts (protozoan)	_____	_____	_____	_____
___ Turbidity	_____	_____	_____	_____
___ Other _____	_____	_____	_____	_____
Inorganic				
___ Arsenic III ___ V ___	_____	_____	_____	_____
___ Asbestos	_____	_____	_____	_____
___ Barium	_____	_____	_____	_____
___ Cadmium	_____	_____	_____	_____
___ Chromium (hexavalent)	_____	_____	_____	_____
___ Chromium (trivalent)	_____	_____	_____	_____
___ Copper pH 6.5 or 7.5	_____	_____	_____	_____
___ Copper pH 8.5	_____	_____	_____	_____
___ Fluoride	_____	_____	_____	_____
___ Lead pH 6.5 or 7.5	_____	_____	_____	_____
___ Lead pH 8.5	_____	_____	_____	_____
___ Mercury pH 6.5 or 7.5	_____	_____	_____	_____
___ Mercury pH 8.5	_____	_____	_____	_____
___ Nitrate/Nitrite	_____	_____	_____	_____
___ Radium 226/228	_____	_____	_____	_____
___ Selenium	_____	_____	_____	_____
___ Other _____	_____	_____	_____	_____
Organic				
___ VOCs (chloroform surrogate)	_____	_____	_____	_____
___ Atrazine	_____	_____	_____	_____
___ Lindane	_____	_____	_____	_____
___ MTBE	_____	_____	_____	_____
___ Trihalomethanes	_____	_____	_____	_____
___ Other _____	_____	_____	_____	_____

*include detailed technical justification and supporting test data and calculations for any and all data transferred from another system/component.

10. Checklist – Use this checklist to help ensure that all the proper documentation is submitted to the Department for WTD certification. Please label and staple items (e.g. individual test reports) together when necessary to make them easily identified.

- | | |
|--|-----------------------------------|
| ___ a. Completed WTD certification application | ___ e. Wetted parts list(s) |
| ___ b. Check for application fee (\$1,400.00 or \$300) | ___ f. Product data sheet(s) |
| ___ c. Laboratory WTD test data and
Laboratory extraction test data | ___ g. Product label(s) |
| | ___ h. Owner's/Instruction manual |

(or ANSI certified product listing)
_____d. Engineering drawings or each device

_____i. Installation manual
_____j. Promotional material including brochures and packaging.