



California Department of Public Health
Division of Drinking Water and Environmental Management

Third Party Water Treatment Device Certification Application

Type of Application (Make check payable to "CDPH Water Device Fund 129")
____ Initial Certification (\$1400)
____ Recertification (every 5 years) (\$1400)
 Certification # _____
____ Modification (\$300)
 Certification # _____

Mail complete application packet to:
CDPH – Drinking Water Program
Device Certification Program, MS # 7417
Express Mail *U.S. Mail*
1616 Capitol Avenue P O Box 997413
Sacramento, CA 95814-5052 Sacramento, CA 95899-7413

1. Company Information

Company Contact

Company Name to be listed on certificate:

Address: _____
City/State/Zip: _____
Website: _____
Phone: _____
Name: _____
Title: _____
Email: _____
Phone: _____
Fax: _____

If different from above:
Manufacturer of Device: _____ Manufacturer Website: _____

Designated contact if different from above

If using another company to facilitate this application process, the following must be filled out. I hereby authorize _____ of _____ to act on our behalf in the processing of this application.

Designee Contact

Contact: _____ Title: _____
Phone: _____ Fax: _____
Email: _____ Website: _____

Company: _____
Address: _____
City/State/Zip: _____

Who will be the contact for annual renewals? Manufacturer or Designee

2. Signature

I, the undersigned, certify that the testing data submitted for this application is true and correct, and was performed in accordance with Department of Health Services approved test protocols as required by the Water Treatment Device Certification Regulations. In addition, pursuant to Section 60410(b)(8), I certify that this water treatment device or treatment component, which is identified as:

_____ (insert name, model number, or other product identification)

has been toxicologically reviewed and tested to verify that no substances are contributed by the unit to the treated water at levels that would adversely affect the health of the users.

I certify that I occupy a principal position in _____ (Company that will be listed on certificate) and all statements made on this application are true and correct.

Original Signature: _____ Date: _____

Name (typed or printed): _____ Title: _____

3. For Modification Indicate Action Requested (fill out all appropriate sections including those indicated)

- _____ Device(s) /replacement elements added or deleted – fill out section 4
 _____ Change in operation parameter(s) – fill out section 5, and 6
 _____ Change in health claims (contaminants) – fill out section 8 and 9
 _____ Other type of Modification(list below) – fill out appropriate section(s)
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4. Water Treatment Devices Submitted for Certification

Specify model designation(s) that should be listed under this certification. Multiple models may be listed as long as they are all “identical devices” as allowed by Section 60410(b)(7) and have the same manufacturer and the same set of health and performance claims. List all replacement elements for each trademark/model designation, and the performance function of each. If the same replacement element(s) apply to all models listed, so specify. Use another piece of paper if you need more room to list all models to be included in this certification.

Trademark(s)	Model Number(s)	Replacement Element(s)	Use this column for modification Action (add, delete, etc.)

5. Type of Water Treatment Device

(a) Specify the technology or combination of technologies which describe the device.

- _____ Mechanical filter
 _____ Carbon block
 _____ GAC
 _____ Ion exchange
 _____ Other _____

(b) System Type

- _____ Counter top
 _____ Under counter
 _____ Pour-through pitcher
 _____ In line (refrigerator)
 _____ Water softener
 _____ Faucet mount
 _____ Inline (general)
 _____ Point of entry
 _____ Other (describe): _____

6. Key Performance Specification (Complete all that apply)

All Systems

- Operating pressure range _____ psi to _____ psi
 Operating temperature range _____ F/ C to _____ F/C
 Flushing instructions _____

(a) Adsorptive systems:

- Rated service capacity _____ gallons
 Rated service flow _____ gpm

(b) Water softeners specify:

- Rated service flow _____ gpm at pressure drop _____ psi
 Ion exchange media _____
 Type of regeneration media _____

(c) Does the system include:

- _____ Performance Indicator
 _____ Flexible tubing
 _____ Faucet

7. Test Data

- California requires extraction testing (systems using adsorptive media must test with and without media).
- California does not require structural integrity, chlorine taste/odor, particulate reduction or bacteriostatic properties testing.
- Testing must have been performed within five years of application submittal.
- 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

ALL INFORMATION IN THIS SECTION IS REQUIRED (List 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	_____	_____	_____	_____
___ Bacteria	_____	_____	_____	_____
___ Virus	_____	_____	_____	_____
___ Other _____	_____	_____	_____	_____
Inorganic				
___ Arsenic	_____	_____	_____	_____
___ Asbestos	_____	_____	_____	_____
___ Barium	_____	_____	_____	_____
___ Cadmium	_____	_____	_____	_____
___ Chromium(hexavalent)	_____	_____	_____	_____
___ Chromium (trivalent)	_____	_____	_____	_____
___ Copper	_____	_____	_____	_____
___ Fluoride	_____	_____	_____	_____
___ Lead	_____	_____	_____	_____
___ Mercury	_____	_____	_____	_____
___ Nickel	_____	_____	_____	_____
___ Nitrate/Nitrite	_____	_____	_____	_____
___ Radium 226/228	_____	_____	_____	_____
___ Selenium	_____	_____	_____	_____
___ Other _____	_____	_____	_____	_____
Organic				
___ VOCs (chloroform surrogate)	_____	_____	_____	_____
___ Atrazine	_____	_____	_____	_____
___ Lindane	_____	_____	_____	_____
___ MTBE	_____	_____	_____	_____
___ Trihalomethanes	_____	_____	_____	_____
___ Other _____	_____	_____	_____	_____

10. Checklist – Use this checklist to help ensure that all the proper documentation is submitted to the Department for WTD certification.

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| _____ a. Completed WTD certification application | _____ c. Third Party Certificate |
| _____ b. Check for application fee (\$1,400.00) | _____ d. Third Party Verification Letter |