

Name (typed or printed): _____ Title: _____

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

- _____ Device(s)/replacement elements added or deleted – fill our section 4
- _____ Change in operation parameter(s) – fill our sections 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)

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)	For Modifications indicate add or delete

5. Type of Water Treatment Device

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

- _____ Mechanical filter
- _____ Reverse osmosis
- _____ GAC
- _____ Carbon block
- _____ Ion exchange
- _____ Ozone
- _____ Ultraviolet
- _____ Distillation
- _____ Other _____

(b) System Type

- _____ Counter top
- _____ Under counter
- _____ Point of entry
- _____ In line (refrigerator)
- _____ Water softener
- _____ Pour-through pitcher
- _____ Faucet mount
- _____ 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 flow _____ gpm
- Rated service capacity _____ gallons

(b) RO systems specify:

- Daily production rate of system _____ gal/day
- Tank size: _____ gallons
- RO membrane (manufacturer and model #) _____
- Data Transfer _____ yes _____ no
- Auto shut off _____ yes _____ no

(c) Water softeners specify:

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

(d) 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 doesn't require structural integrity testing, chlorine taste and odor, particulate reduction or bacteriostatic properties testing.
- 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, and calculations spreadsheet for RO data transfers.
- Data for UV systems must include lamp life curves and radiometer calibration curves (collimated-beam apparatus dose verification).
- 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	_____	_____	_____	_____
___ Bacteria	_____	_____	_____	_____
___ Virus	_____	_____	_____	_____
___ 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 (\$300.00) | _____ f. Product data sheet(s) |

- _____ c. Laboratory WTD test data and
Laboratory extraction test data
(or ANSI certified product listing)
- _____ d. Engineering drawings or each device

- _____ g. Product label(s)
- _____ h. Owner's/Instruction manual
- _____ i. Installation manual
- _____ j. Promotional material including
brochures and packaging.