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

# Application for: Modification **WTD**

Type of Application (Make check payable to "CDPH Water Device Fund 129")

____ 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 | Sacramento, CA 95899-7377 |

## 1. Company Information/Contact

Company Name to be listed on certificate:

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

## 2. Signature

I, the undersigned, certify that the testing data submitted for this application is true and correct, and was performed in accordance with California Department of Public Health 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. Action Requested

_____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)

_____

_____

4. Water Treatment Devices Submitted for Modification

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) | 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 ____Ultraviolet
____Reverse osmosis ____Ion exchange ____Distillation
____GAC ____Ozone Other_____

(b) System Type

____Counter top ____In line (refrigerator) ____Pour-through pitcher
____Under counter ____Water softener ____Other describe below
____Point of entry ____ Faucet mount _________

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 Auto shut off _____yes _____no
RO membrane (manufacturer and model #) _____

(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 does not 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.
- 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.)

| Required Testing | Lab | Test Report # | Date Tested | Model Tested |
|---|---|---|---|---|
| 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 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. Please label and staple items (e.g. individual test reports) together when necessary to make them easily identified.

_____a. Completed WTD certification application
_____b. Check for application fee ($300.00)
_____c. Laboratory WTD test data and Laboratory extraction test data (or ANSI certified product listing)
_____d. Engineering drawings or each device
_____e. Wetted parts list(s)
_____f. Product data sheet(s)
_____g. Product label(s)
_____h. Owner's/Instruction manual
_____i. Installation manual
_____j. Promotional material including brochures and packaging.