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

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 #_____
____ ANSI/NSF Standard
____ Protocol and/or Component

Mail complete application packet to:

CDPH – Drinking Water Program
Device Certification Program, MS # 7417

Express Mail
1616 Capitol Avenue
Sacramento, CA 95814

U.S. Mail
P O Box 997377
Sacramento, CA 95899-7377

1. Company Information

Company Name to be listed on certificate:
_____
Address: _____
City/State/Zip: _____
Website: _____
Phone: _____

Company Contact

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: _____

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 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. 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)	Replacement Element(s) (Pre, Post, etc.)

4. 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)
____Under counter ____Water softener ____Faucet mount
____Point of entry ____Pour-through pitcher ____Other (describe):_____

5. 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 Data Transfer _____yes _____no
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

6. 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, 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%.

7. **Lab Information**

Lab	Contact	Phone	Email
1.			
2.			
3.			

8. **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 and calculations for any and all data transferred from another system/component.*

9. **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
_____b. Check for application fee ($1,400.00)
_____e. Wetted parts list(s)
_____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.