



Reproduce on Orchid/Lt. Purple Revised 02/2010

California Department of Public Health  
 Division of Drinking Water and Environmental Management  
**Application for: Modification**

**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

<u>Express Mail</u>	<u>U.S. Mail</u>
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:

_____	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 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: _____



- 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.)

<b>Required Testing</b>	<b>Lab</b>	<b>Test Report #</b>	<b>Date Tested</b>	<b>Model Tested</b>
Extraction test w/media	_____	_____	_____	_____
Extraction test w/out media	_____	_____	_____	_____
<b>Microbiological</b>				
___ Cysts(protozoan)	_____	_____	_____	_____
___ Turbidity	_____	_____	_____	_____
___ Bacteria	_____	_____	_____	_____
___ Virus	_____	_____	_____	_____
___ Other _____	_____	_____	_____	_____
<b>Inorganic</b>				
___ Arsenic	_____	_____	_____	_____
___ Asbestos	_____	_____	_____	_____
___ Barium	_____	_____	_____	_____
___ Cadmium	_____	_____	_____	_____
___ Chromium(hexavalent)	_____	_____	_____	_____
___ Chromium (trivalent)	_____	_____	_____	_____
___ Copper	_____	_____	_____	_____
___ Fluoride	_____	_____	_____	_____
___ Lead	_____	_____	_____	_____
___ Mercury	_____	_____	_____	_____
___ Nickel	_____	_____	_____	_____
___ Nitrate/Nitrite	_____	_____	_____	_____
___ Radium 226/228	_____	_____	_____	_____
___ Selenium	_____	_____	_____	_____
___ Other _____	_____	_____	_____	_____
<b>Organic</b>				
___ 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  | _____ e. Wetted parts list(s)                                       |
| _____ b. Check for application fee (\$300.00)   | _____ f. Product data sheet(s)                                      |
| _____ c. Laboratory WTD test data and<br>Laboratory extraction test data<br>(or ANSI certified product listing) | _____ g. Product label(s)   |
| _____ d. Engineering drawings or each device  | _____ h. Owner’s/Instruction manual                                 |
|   | _____ i. Installation manual  |
|   | _____ j. Promotional material including brochures<br>and packaging. |