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PLUMBING STANDARD OR PRODUCT REVIEW APPLICATION

Safety and Buildings Division
201 W. Washington Avenue, 4th FL (zip 53703)
P.O. Box 2658 (zip 53707-2658)
Madison WI
Phone: (608) 266-1529
TTY: Contact Through Relay

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

Instructions: Only one review request may be submitted on this application. Type or clearly print in ink all the requested data. The submitting party must be the manufacturer or the manufacturer's representative. Submit this application with the fee to the address shown in the upper right corner. Lists of information required for product review are available from the division. Make checks payable to: Safety and Buildings Division.

| 1. Manufacturer or Standard Org. Information* | | | 2. Submitting Party Information* | | |
|---|-----------------------------|-----------|--|-----------------------------|-----------|
| Contact Person: | | | Contact Person: | | |
| Manufacturer or Standard Organization Name: | | | Company or Standard Organization Name: | | |
| A Division of: | | | A Division of: | | |
| No. & Street or P. O. Box | | | No. & Street or P. O. Box | | |
| City, Town, or Village | State | Zip Code: | City, Town, or Village | State | Zip Code: |
| Country If Other Than United States: | | | Country If Other Than United States: | | |
| Telephone No. (include area code) | Fax No. (include area code) | | Telephone No. (include area code) | Fax No. (include area code) | |
| E-Mail (contact person or general) | | | E-Mail (contact person or general) | | |

* It is the responsibility of the manufacturer to keep their contact information current and accurate.

| | |
|--------------|--------------|
| Web Address: | Web Address: |
|--------------|--------------|

3. Product Information

| | |
|---|----------------------|
| Existing Product File No. (if any) | Product Name: |
| Model Number(s) - use extra paper if necessary: | Product Description: |

4. Submittal Type and Required Fees (check only one box below at left and enter applicable single fee at right for that box)

| Request for approval in accordance with s. Comm 84.10 | New Review | Revision or Renewal | Fee Submitted |
|---|--|---------------------|---------------|
| <input type="checkbox"/> Chemical or biochemical treatment for POWTS | \$250.00 | \$125.00 | _____ |
| <input type="checkbox"/> Health care plumbing appliance | \$250.00 | \$125.00 | _____ |
| <input type="checkbox"/> Physical or chemical restoration process for POWTS | \$250.00 | \$125.00 | _____ |
| <input type="checkbox"/> Prefabricated holding or treatment component for POWTS ² (see reverse side) | \$250.00 | \$125.00 | _____ |
| <input type="checkbox"/> Prefabricated plumbing | \$250.00 | \$125.00 | _____ |
| <input type="checkbox"/> Residential water treatment device (water softener manufacturers/submitters please see note 3 on the back of this form) | \$250.00 | \$125.00 | _____ |
| <input type="checkbox"/> Wastewater treatment device used to meet the requirements in s. Comm 82.70 | \$250.00 | \$125.00 | _____ |
| <input type="checkbox"/> Voluntary POWTS component review in accordance with s. Comm 84.10 (3) | \$400.00 | \$150.00 | _____ |
| <input type="checkbox"/> Alternate approval in accordance with s. Comm 84.50 | \$400.00 | \$200.00 | _____ |
| <input type="checkbox"/> Experimental approval in accordance with s. Comm 84.50 | \$1,000.00 | \$500.00 | _____ |
| <input type="checkbox"/> Alternate standard in accordance with s. Comm 81.20 (7e) ⁶ (see reverse side) | \$500.00 | \$250.00 | _____ |
| <input type="checkbox"/> Minor revision to prefabricated holding or treatment component for POWTS or Exterior grease interceptor ^{1, 7} (see reverse side) | (Complete information on see reverse side) | | _____ |
| <input type="checkbox"/> Change of manufacturer's or standard organization name and/or address | (Complete information on see reverse side) | | _____ |

Notes:

1. Prefabricated holding or treatment component for POWTS includes items such as anaerobic and aerobic treatment tanks, holding tanks, pump tanks, siphon tanks, sedimentation tanks, and trash tanks.
2. Only residential water treatment devices that are connected to a water supply system are subject to review and approval. Water softeners that are tested and listed, FOR ALL ADVERTISED CLAIMS, by an ANSI accredited listing agency under NSF/ANSI Standard 44 are exempt from product review and approval.
3. In-store, consumer self-service, bottled water vending machines only. These are vending machines that produce the vended water on site.
4. See appendix Comm A-84.11 for list of nationally recognized listing agencies acceptable to the department. The list includes AGA, ASME, ASSE, CSA, IAPMO, ITS, NSF, and UL
5. Alternate standards submitted on this form only apply to those standards used in plumbing systems, which are governed by this department.
6. A minor revision is considered a modification that does not affect the function, retention capacity, basic shape or size of the tank, or the basis of the approval being classified as an alternate.

Minor revision to prefabricated holding or treatment component for POWTS or Exterior grease interceptor.

Fee = _____ # of files x \$10.00 + \$70.00 = _____
(Enter calculated fee on front of form)

Note: Request for revision in accordance with Comm 2.66 (1) (c) b. or (2) (b) is not applicable if product is submitted with fees for revision or renewal. Expiration date of the original approval(s) will not be extended if the minor revision is approved.

Current file numbers affected: (list in numerical order)

Change of manufacturer's or Standard Organization name and/or address

Fee = _____ # of files x \$20.00 = _____
(Enter calculated fee on front of form)

Notes: - Fees are not applicable if product is submitted with fees for revision or renewal.
- Expiration date for files of the original approval(s) will not be extended if the fee for change of manufacturer name and/or address is submitted.

| | | | | | |
|---|-------|-----------|---|-------|-----------|
| Old manufacturer's or Standard Organization name and address information: | | | New manufacturer's or Standard Organization name and address information: | | |
| Contact Person: | | | Contact Person: | | |
| Manufacturer or Standard Organization Name: | | | Manufacturer or Standard Organization Name: | | |
| A Division of: | | | A Division of: | | |
| No. & Street or P. O. Box | | | No. & Street or P. O. Box | | |
| City, Town, or Village | State | Zip Code: | City, Town, or Village | State | Zip Code: |
| Country If Other Than United States: | | | Country If Other Than United States: | | |
| Telephone No. (include area code) | | | Telephone No. (include area code) | | |

File numbers affected:
