



# Plumbing Standard or Product Review Application

Industry Services Division  
 1400 E Washington Ave., 53703  
 PO Box 2658,  
 Madison WI 53707-2658  
 Phone: 608-266-3151  
 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 to the address shown in the upper right corner. For mailing of fees, see page 3, Payment Voucher, attached. Lists of information required for product review are available from the division.

**Make checks payable to: State of WI - DPCS.**

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)		
Web Access Address			Web Access Address		

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

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. SPS 384.10	New Review	Revision or Renewal	Fee Required
<input type="checkbox"/> Health care plumbing appliance	\$250.00	\$125.00	_____
<input type="checkbox"/> Prefabricated plumbing	\$250.00	\$125.00	_____
<input type="checkbox"/> Chemical or biochemical treatment for POWTS	\$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 (see note 1)	\$250.00	\$ 125.00	_____
<input type="checkbox"/> Voluntary POWTS component review in accordance with s. SPS 384.10 (3)	\$400.00	\$150.00	_____
<input type="checkbox"/> Wastewater treatment device used to meet the requirements in s. SPS 382.70	\$250.00	\$125.00	_____
<input type="checkbox"/> Water treatment device (see note 5) (water softener manufacturers/submitters see note 2)	\$250.00	\$125.00	_____
<input type="checkbox"/> Alternate approval in accordance with s. SPS 384.50	\$400.00	\$200.00	_____
<input type="checkbox"/> Experimental approval in accordance with s. SPS 384.50	\$1,000.00	\$500.00	_____
<input type="checkbox"/> Alternate standard in accordance with s. SPS 381.20 (2) (see notes 3, 4)	\$500.00	\$250.00	_____
<input type="checkbox"/> Minor revision, name and/or address for change of manufacturer's or standard organization (see reverse side)	(Complete information on see reverse side)		_____

SBD-7966 (R08/12)

**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. 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. See appendix SPS A-384.11 for list of nationally recognized listing agencies acceptable to the department. The list includes AGA, ASME, ASSE, CSA, IAPMO, ITS, NSF, WQA, and UL.
4. Alternate standards submitted on this form only apply to those standards used in plumbing systems, which are governed by this department.
5. The specific categories of water treatment devices subject to review and approval include:
  - a. All residential water treatment devices. "Residential" is defined as one- and two-family dwellings, or up to two dwelling units in a multi-family dwelling.
  - b. In-store, consumer self-service, bottled water vending machines.
  - c. Commercial water treatment devices installed on non-transient, non-community (NTNC) and transient non-community (TNC) private water supplies to treat contaminants regulated under ch. NR 809, Wis. Adm. Code; and aesthetic commercial water treatment devices installed on NTNC or TNC private water supplies as required pre-treatment for commercial water treatment devices installed on non-transient, non-community (NTNC) and transient non-community (TNC) private water supplies to treat contaminants regulated under ch. NR 809.

**Additionally: This form, and the guidance document "Required Information for the Review of Water Treatment Devices", is for use with water treatment devices that are intended for marketing and sales statewide. For site-specific designs, please refer to the General Plumbing Application form (SBD-6154) and associated guidance document "Required Information for the Review of Plumbing Plans for Site Specific Water Treatment Devices."**

**Minor revision and/or change of name and/or address for Manufacturer or Standard Organization**

Fee = \_\_\_\_\_ # of files x \$10.00 + \$70.00 = \_\_\_\_\_  
 (Enter calculated fee on front of form)  
**See page 3, PAYMENT VOUCHER.**

**Note:** Request for revision in accordance with s. SPS 302.66 (1) (c) b. or (2) (b) is not applicable if product is submitted with fees for revision or renewal. The expiration date of the original approval(s) will not be extended if the minor revision is approved. This fee does not apply if done at time of revision or renewal.

Current file numbers affected: (list in numerical order)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Former 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)		
FAX No. (include area code)			FAX No. (include area code)		
Email (contact person or general):			Email (contact person or general):		
Web Address:			Web Address:		

**Briefly describe the minor revision (include Product File No. where appropriate):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Payment Voucher**  
**PLUMBING PRODUCTS 7658**  
**NEW SUBMITTALS, REVISIONS AND RENEWALS**

**PRODUCT FILE NO(S):** \_\_\_\_\_  
[For new submittals, the Product File No. will be created at time of receipt.]

Check # \_\_\_\_\_ Total Dollar Amount: \_\_\_\_\_

**NAME ON CHECK** \_\_\_\_\_

Payer Business Name \_\_\_\_\_

Payer Street Address \_\_\_\_\_

Payer P.O. Box \_\_\_\_\_

Payer City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ (area code 7-digit number)

Submitter Name \_\_\_\_\_  
(List here if different from NAME ON CHECK.)

**When this form is completed, make three (3) copies.**

1. Mail your check and ONE completed form to:

**STATE OF WISCONSIN**  
**DEPT. OF SAFETY & PROFESSIONAL SERVICES- INVOICING**  
**P.O. BOX 78086**  
**MILWAUKEE WI 53293-0086**

2. Send ONE completed form along with your submittal or renewal form, and associated materials to the address below. (Do not send your check to this address.)

**DSPS- INDUSTRY SERVICES DIV.**  
**PLUMBING PRODUCTS**  
**PO BOX 2658**  
**MADISON WI 53707-2658**

3. Keep ONE copy for your records with your office file copy of the submittal/renewal.