

Department Notification Form

	Owner:			Date Installed:
	Name: Address: City: State/Zip Phone:			Water Source: Reject water from a water treatment device served by NR 811 or NR 812 source. Reclaimed Water Use: <input type="checkbox"/> Water Closets & Urinal Flushing; <input type="checkbox"/> Irrigation <input type="checkbox"/> Vehicle Underbody Wash
Installer		Required Water Quality Standards	Component(s):	
Name: Address: City: State/Zip Phone:		\leq 6-9 pH \leq 10 mg/L Bod ₅ $<$ 5 mg/L TSS 0 cfu fecal coliform/100 mL		
Installation				
System operating within stipulations of alternate approval: <input type="checkbox"/> Yes <input type="checkbox"/> No Components installed as per manufacturer's recommendations: <input type="checkbox"/> Yes <input type="checkbox"/> No Water lines and outlets labeled per 382.40(3)(d). <input type="checkbox"/> Yes <input type="checkbox"/> No				
I certify this is a true and accurate report of the installation.			Signature & Date	
REMARKS:				
<i>This form is to be completed and mailed. Fold letter, tape end, insert stamp and mail</i>				

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Wisconsin Department of Safety and Professional Services Thomas Braun Plumbing Consultant PO Box 11 Waupaca, WI. 54981	