

### Application Checklist

TO: Office of Environmental Health & Safety  
Wastewater Management Section

I am enclosing the following completed items for the application for Registration or Modification of an On-site Sewage System Proprietary Treatment Product.

- Initial Application for On-site Sewage System Proprietary Treatment Product (see page 2)
- Product Information
- Testing Results
- Certification
- Applicable Fees (\$400.00 base fee)

} See page 3 for additional instruction

NOTE: There will be an additional \$100.00 per hour charged if review time exceeds 4 hours.

Total Remittance \$400.00    Check # \_\_\_\_\_ payable to the Department of Health

Return this form to: [wastewatmgmt@doh.wa.gov](mailto:wastewatmgmt@doh.wa.gov)

AND

Remit payment with page 1 of this form to: DOH Wastewater Management Section, PO Box 1099, Olympia, WA 98507-1099.

Incomplete submittal will delay processing. Keep a copy of everything you submitted for your records.

**Chapter 246-272C WAC, On-site sewage system tanks**, establishes sewage tank design and construction, plan review and approval, and prefabricated tank registration requirements. This chapter applies to all prefabricated tanks and cast-in-place tanks used in on-site sewage systems.

- Yes, the Tank(s) used for this product is/are on the [List of Registered Sewage Tanks](#)
- No, the Tank is not on the list. If not, the [application](#) process will need to be completed prior to installing this product in Washington State.

For persons with disabilities, this document is available upon request in other formats.  
To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

**For Department of Health Revenue Use Only**

0597267065    \$400.00 base fee

\*Print and remit this page only with payment\*



# Application for Registration Proprietary Treatment Product

### APPLICANT INFORMATION

Manufacturer's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Website: \_\_\_\_\_

Contact's Name: \_\_\_\_\_  
 Contact's Title: \_\_\_\_\_  
 Contact's Address *If different from Manufacturer's*  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Product Name: \_\_\_\_\_

Model: \_\_\_\_\_

### CATEGORY

*(check all that apply)*

- CATEGORY 1 (designed to treat residential sewage)
- CATEGORY 2 (designed to treat high strength  
sewage)
- CATEGORY 3 (composting or incinerating toilets)
- TOTAL NITROGEN REDUCTION (in Categories 1&2)

### TREATMENT LEVEL

*(check all with reported test results verifying product performance according to the protocols established in WAC 246-272A-0110)*

- A
- B
- C
- D
- E
- N

### GENERAL REQUIREMENTS FOR SUBMITTAL

All submitted material must be legible. Handwritten responses to the application questions or hand-written notes or other submitted documentation may, at the discretion of the department, result in rejection of the application. Products within a single series or model line (sharing distinct similarities in design and materials) may be registered under a single application. Products outside of the series or model line must be registered under separate applications.

### INITIAL PRODUCT REGISTRATION REQUIREMENTS

Manufacturers who wish to sell or distribute a proprietary product for use in Washington State must request and obtain department review and registration of their products by submitting this completed application form, plus the following:

- (a) A comprehensive, yet concise, response to the information outlined on page 3, and
- (b) The proprietary product registration fee described in WAC 246-272-2000.

### RENEWAL REQUIREMENTS

All product registrations expire on December 31 of each year. Manufacturers who wish to continue product registration must apply for renewal by submitting an Annual Renewal Form Proprietary Product (DOH Pub 337-076).

For more information contact (360) 236-3330 or [wastewatermgmt@doh.wa.gov](mailto:wastewatermgmt@doh.wa.gov).



# Application for Registration Proprietary Treatment Product

## Proprietary Treatment Product - Registration Process and Requirements (WAC 246-272A-0120)

All applicants must provide complete written response to the following in the order listed:

### Applicant Information

- (a) Manufacturer's name, mailing address, street address, and phone number;
- (b) Contact individual's name, mailing address, street address, and phone number. The contact individual must be vested with the authority to represent the manufacturer in this capacity;

### Product Information

- (c) Name, including specific brand and model, of the proprietary treatment product;
- (d) A description of the function of the proprietary treatment product along with any known limitation on the use of the product;
- (e) Product description and technical information, including process flow drawings and schematics; materials and characteristics; component design specifications; design capacity, volumes and flow assumptions and calculations; components; dimensioned drawings and photos;
- (f) For treatment systems in Category 2, daily capacity of the model or models in pounds per day of CBOD<sub>5</sub>;
- (g) Siting and installation requirements;
- (h) Detailed description, procedure and schedule of routine service and system maintenance events;
- (i) Estimated operational costs for the first five years of the treatment component's life. This shall include both estimated annual electricity costs, and routine maintenance costs, including replacement of parts;
- (j) Identification of information subject to protection from disclosure of trade secrets;
- (k) Copies of product brochures & manuals: *Sales & Promotional; Design; Installation; Operation & Maintenance; and Homeowner Instructions;*

### Testing Results

- (l) The most recently available product test protocol and results report (see WAC 246-272A-0110).

### Certification

- (m) A signed and dated certification by the manufacturer's agent specifically including the following statement, "I certify that I represent (INSERT MANUFACTURING COMPANY NAME) and I am authorized to prepare or direct the preparation of this application for registration. I attest, under penalty of law, that this document and all attachments are true, accurate, and complete. I understand and accept that the product testing results reported with this application for registration are the parameters and values to be used for determining conformance with Treatment System Performance Testing Levels established in chapter 246-272A WAC.";
- (n) A signed and dated certification from the testing entity including the statement, "I certify that I represent (INSERT TESTING ENTITY NAME), that I am authorized to report the testing results for this proprietary treatment product. I attest, under penalty of law, that the report about the test protocol and results is true, accurate, and complete."

### Fees (Chapter 246-272-2000 WAC)

Fees for proprietary product registration are established by Washington Administrative Code (Chapter 246-272-2000 WAC). The base fee is required at the time of application. Any fees for additional review time must be paid in full before the product will be registered. Please make check payable to Washington State Department of Health.

<u>Category:</u>	<u>Base Fee</u>	<u>Hourly Fee</u>
Product Registration	\$400.00	\$100.00 per hour for more than 4 hours of review time
Annual Registration Renewal	\$100.00	N/A