

**Chapter Comm 84****APPENDIX**

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The material contained in this appendix is for clarification purposes only. The notes, illustrations, etc., are numbered to correspond to the number of the rule as it appears in the text of the code.

**A-84-10 (3) (b)** Request forms for voluntary POWTS products approval may be obtained at the following locations:

Department of Commerce Offices

Madison Office  
201 W. Washington Ave  
PO Box 7162  
Madison, WI 53707-7162  
(608) 266-3151

Department of Commerce

## PLUMBING PRODUCT REVIEW APPLICATION

Safety and Buildings Division  
201 W. Washington Avenue  
P.O. Box 7162  
Madison WI 53707-7162  
Phone: (608) 266-3151  
TDD: (608) 264-8777

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 Information			2. Submitting Party Information		
Contact Person:			Contact Person:		
Manufacturer Name:			Manufacturer Name:		
Division:			Division:		
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:
County If Other Than United States:			County 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)	

3. Product Information	
Existing Product File No. (if any)	Product Name:
**Product Description: (See reverse side)	
Model Number(s) - use extra paper if necessary:	

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 private sewage systems	\$200.00	\$100.00	_____
<input type="checkbox"/> Cross - connection control device (indicate type below)	\$100.00 *	\$ 50.00	_____
<input type="checkbox"/> Pipe Applied Atmospheric Type Vacuum Breakers, ASSE 1001 <input type="checkbox"/> Water Closet Flush Tank Ballcocks, ASSE 1002 <input type="checkbox"/> Hose Connection Vacuum Breakers, ASSE 1011 <input type="checkbox"/> Backflow Preventers with Intermediate Atmospheric Vent, ASSE 1012 <input type="checkbox"/> Reduced Pressure principle Backflow Preventers, ASSE 1013 <input type="checkbox"/> Hand Held Showers, ASSE 1014 <input type="checkbox"/> Double Check Backflow Prevention Assembly, ASSE 1015			
<input type="checkbox"/> Trap Seal Primer Valves, Water Supply Fed, ASSE 1018 <input type="checkbox"/> Wall Hydrants, Frost Proof Automatic Draining, Anti-Backflow Types, ASSE 1019 <input type="checkbox"/> Vacuum Breakers, Anti-Siphon, Pressure Type, ASSE 1020 <input type="checkbox"/> Laboratory Faucet Vacuum Breakers, ASSE 1035 <input type="checkbox"/> Pressurized Flushing Devices (Flushometers) for Plumbing Fixtures, ASSE 1037 <input type="checkbox"/> Reduced Pressure Detector Assembly Backflow Preventer, ASSE 1047 <input type="checkbox"/> Double Check Detector Assembly Preventer, ASSE 1048			
<input type="checkbox"/> Health care plumbing appliance	\$200.00	\$100.00	_____
<input type="checkbox"/> Laboratory plumbing appliance	\$200.00	\$100.00	_____
<input type="checkbox"/> Prefabricated holding or treatment component for private onsite wastewater treatment systems (see reverse side for minor revisions)	\$200.00	\$ 100.00	_____
<input type="checkbox"/> Prefabricated plumbing	\$200.00	\$100.00	_____
<input type="checkbox"/> Water treatment device	\$200.00	\$100.00	_____
<input type="checkbox"/> Request for a voluntary POWTS component review in accordance with s. Comm 84.10(3)	\$300.00	\$150.00	_____
<input type="checkbox"/> Request for alternate approval in accordance with s. Comm 84.50	\$300.00	\$150.00	_____
<input type="checkbox"/> Request for experimental approval in accordance with s. Comm 84.50	\$500.00	\$250.00	_____
<input type="checkbox"/> Change of manufacturer's name and/or address (see reverse side)			_____

\* If a product review is based solely on evidence, which substantiates listing by a nationally recognized evaluation agency, the review fee is equal to the fee listed for revision or renewal. Products must conform to standard adopted in Chapter Comm 84, Wis. Adm. Code.  
SBD-7965 (R. 4/00)

Minor revision to prefabricated exterior grease interceptor, holding tank or septic tank † \_\_\_\_\_ # of files x \$5.00 + \$45.00 \_\_\_\_\_ (fee submitted)

File numbers affected:

Change of manufacturer's name and/or address †† \_\_\_\_\_ # of files x \$15.00 \_\_\_\_\_ (fee submitted)

Old manufacturer's name and address information:			New manufacturer's name and address information:		
Contact Person:			Contact Person:		
Manufacturer Name:			Manufacturer Name:		
Division:			Division:		
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:
County If Other Than United States:			County If Other Than United States:		
Telephone No. (include area code)			Telephone No. (include area code)		

File numbers affected:

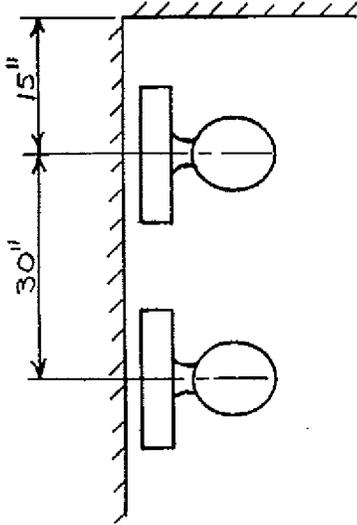
† Request for revision in accordance with Comm 2.66 (1) (c) b. or (2) (b) is not applicable if product is submitted with fees for revision or renewal. A minor revision is considered a modification that does not affect the function, retention capacity, basic shape or size of the tank, or the basis of the approval being classified as an alternate. Expiration date of the original approval(s) will not be extended if the minor revision is approved.

†† 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 fee for change of manufacturer name and/or address is submitted.

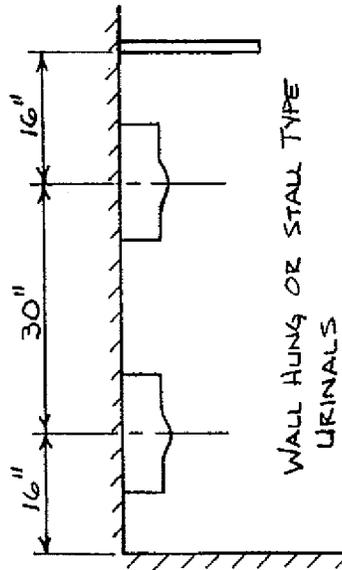
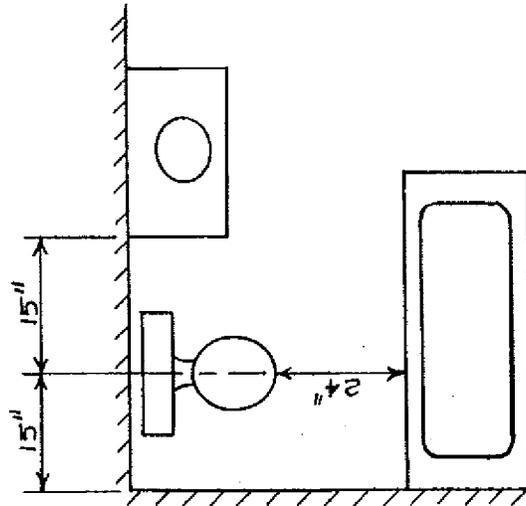
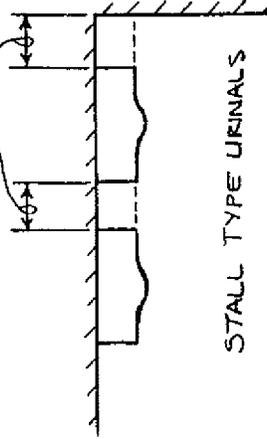
**\*\*Product Description Reference (If not found, please specify on reverse side)**

Symbol	Product Description	Symbol	Product Description
SVB	Anti-Spill Vacuum Breaker-ASSE 1056	LUG	Leaching Unit, Gravelless
BPCBM	Backflow Preventer / Carbonated Beverage Machines-ASSE 1022	PFPS	Prefabricated Plumbing System
BPIAV	Backflow Preventer / Intermediate Atmospheric Vent-ASSE 1012	P	Proportioner
BWC	Ballcock, Water Closet-ASSE 1002	RPDABP	Reduced Pressure Detector Assembly Backflow Preventor-ASSE 1047
BDV	Bathub Diverter Valve with Backflow Prevention	RPPBP	Reduced Pressure Principle Backflow Preventor-ASSE 1013
CBTSS	Chemical or Biochemical Treatments for Private Sewage System	STC	Sewage Tanks, Concrete
CPWT	Compounds, Potable Water Treatment	STF	Sewage Tanks, Fiberglass
DCBPA	Double Check Backflow Preventor Assembly-ASSE 1015	STP	Sewage Tanks, Polyethylene
DCDABP	Double Check Detector Assembly Backflow Preventor-ASSE 1048	STS	Sewage Tanks, Steel
DWTC	Drinking Water Treatment Chemical	STA	Sewage Treatment Apparatus
FKSR	Faucet, Kitchen Sink, Residential	STSA	Sewage Treatment Systems, Aerated
FL	Faucet, Lavatory	SHH	Shower, Hand-Held-ASSE 1014
FASC	Fixture or Appliance Supply Connector	SP	Sump and Pump
FTWC	Flush Tank, Water Closet-ASSE 1037	VBASPT	Vacuum Breaker, Anti Siphon, Pressure Type-ASSE 1020
FU	Flushometer, Urinal-ASSE 1001	VBBSB	Vacuum Breaker, Back Siphonage Backflow-ASSE 1056
FWC	Flushometer, Water Closet-ASSE 1001	VBHC	Vacuum Breaker, Hose Connection-ASSE 1011
GF	Geotextile Fabric	VBLF	Vacuum Breaker, Laboratory Faucet-ASSE 1035
HCPA	Health Care Plumbing Appliance	VBPAAT	Vacuum Breaker, Pipe Applied Atmospheric Type-ASSE 1001
HABW	Hydrant, Anti-Backflow, Wall-ASSE 1019	VBSHH	Vacuum Breaker, Shower Hand-Held-ASSE 1014
HABY	Hydrant, Anti-Backflow, Yard-ASSE 1019	WTCID	Water Treatment Compound Injection Device
LC	Leaching Chamber	WTD	Water Treatment Device

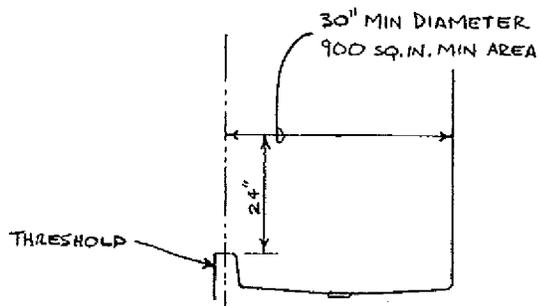
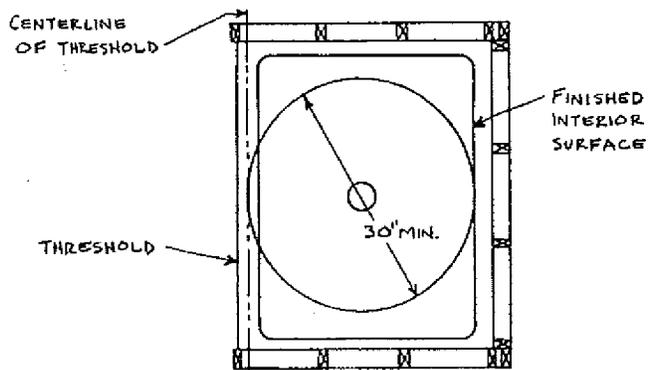
A-84.20 (5) SPACING OF PLUMBING FIXTURES.



IF LESS THAN 12" SPACE MUST BE FILLED FLUSH WITH FRONT AND TOP OF URINAL



A-84.20 (5) MINIMUM SIZE OF SHOWER COMPARTMENTS.



A-84.30 (4) MEASURING RADIUS OF A BEND IN PB PIPE OR TUBING.

