

Chapter Comm 84

APPENDIX

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

A-84.11 – Nationally Recognized Listing Agencies Acceptable to the Department

American Society of Sanitary Engineering (ASSE)

901 Canterbury, Suite A

Westlake, OH 44145-1166

Phone (847) 699-2929

Web page www.asse.org

Canadian Standards Association International (CSA)

178 Rexdale Blvd.

Toronto, ON

CANADA

M9W 1R3

Phone (800) 463-6727

Web page www.csa-international.org

IAPMO Research and Testing, Inc. (IAPMO)

20001 E. Walnut Dr. South

Walnut, CA 91789-2825

Phone (909) 595-8449

Web page www.iapmo.org/rnt

Intertek Testing Services NA Inc. (ITS)

24 Groton Ave.

Cortland, NY 13045-2014

Phone (800) 813-9442

Web page www.itsqs.com

NSF *International* (NSF)

789 Dixboro Rd. PO Box 130140

Ann Arbor, MI 48113-0140

Phone (800) 673-6275

Web page www.nsf.org

Underwriters Laboratories Inc. (UL)

333 Pfingsten Rd.

Northbrook, IL 60062-2096

Phone (847) 272-8800

Web page www.ul.com

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:			Company 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:
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)	

3. Product Information	
Existing Product File No. (if any)	Product Name:
Product Description:	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"/> 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 ¹ (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 not listed by a national recognized listing agency acceptable to the department as complying with NSF Standard 44 ² (see reverse side)	\$200.00	\$100.00	_____
<input type="checkbox"/> Request for 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 ³ (see reverse side)			_____

Notes:

1. Prefabricated holding or treatment component for private onsite wastewater treatment systems includes items such as anaerobic and aerobic treatment tanks, holding tanks, pump tanks, siphon tanks, sedimentation tanks, trash tanks, and exterior grease interceptors.
2. See appendix Comm A-84.11 for list of nationally recognized listing agencies acceptable to the department. The list includes ASSE, IAPMO, ITS, NSF, and UL
3. Change of manufacturer's name and/or address

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:
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:

† 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.

A-84.20 (5) SPACING OF PLUMBING FIXTURES.

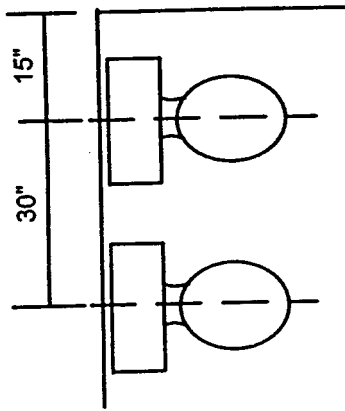


Figure 84.20-1. Spacing between water closets.

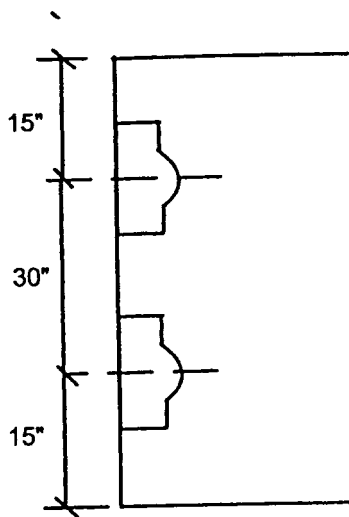


Figure 84.20-2. Spacing between stall type urinals.

A-84.20 (5) Spacing of Fixtures (continued)

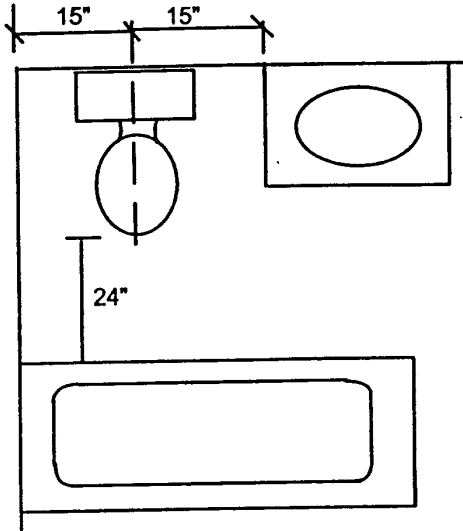


Figure 84.20-3. Spacing between water closet and tub.

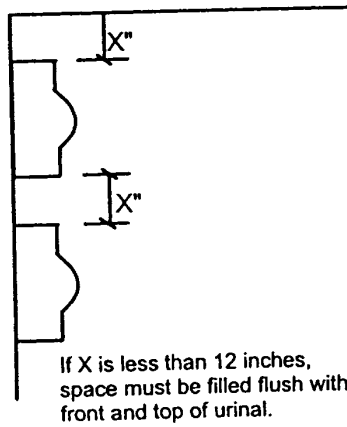


Figure 84.20-4. Spacing between wall hung or stall type urinals.