*Last Updated: December 29, 2023*

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| SECTION 1: APPLICANT INFORMATION |
| Company Name:  Company Address:  Website:  Contact Person Name:  Contact Person Email:  Contact Person Phone Number: |

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| SECTION 2: MANUFACTURER INFORMATION [DELETE THIS SECTION IF SAME AS ABOVE] |
| Technology Trade Name:  Manufacturer Name:  Manufacturer Address:  Website:  Contact Person Name:  Contact Person Email:  Contact Person Phone Number: |

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| SECTION 3: TECHNOLOGY INFORMATION |
| Model Numbers and Treatment Capacity:   |  |  | | --- | --- | | Model | Treatment Capacity (gpd) | |  |  | |  |  | |  |  |   Description of the Treatment Theory and Process:    Summary of the treatment train and the function of each component:  Illustration of technology showing the treatment train and system components: |

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| SECTION 4: ACCEPTANCE PHASE YOU ARE APPLYING FOR |
| * Experimental Use * Piloting Use * Provisional Use * General Use |

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| SECTION 5: PERFORMANCE DATA AND JUSTIFICATION |
| |  |  |  | | --- | --- | --- | | Analyte | Manufacturer Statement of Claim | S.E.P.T.I.C. Requirements | | Total Nitrogen (TN) |  | 19 mg/L or less | | BOD5 |  | 30 mg/L or less | | TSS |  | 30 mg/L or less |   Which Models have NSF 245 Certification or Equivalent?  List Jurisdictions where the technology is approved for nitrogen reduction:  *Note: attach copies of all approval letters*  Table of Systems Sampled:  *Note: attach sampling data and relevant research studies* |

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|  |  | |  |  |  | Average | | | | |
| System # | Site ID | | Jurisdiction | Model # | # and Frequency of Sampling Events | TN (mg/L) | BOD (mg/L) | TSS (mg/L) | ALK (mg/L) | PH |
| 1 |  | | Suffolk County, NY |  | i.e 12 samples over 24 months |  |  |  |  |  |
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| 19 |  | |  |  |  |  |  |  |  |  |
| 20 |  | |  |  |  |  |  |  |  |  |
|  | | **Summary** | | | | **mg/L** | **mg/L** | **mg/L** | **mg/L** |  |

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| SECTION 6: ATTESTATION |
| By signing below, I agree that all the information contained in this application and attached hereto was prepared in accordance with the Guidelines for the Acceptance, Use, and Management of IA OWTS in the Nassau County S.E.P.T.I.C. Program and that the information is true, accurate, and complete.  Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized Signer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name and title)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) |