APPLICATION for REGISTRATION of

# EXPERIMENTAL SYSTEM/INNOVATIVE TECHNOLOGY

## OR ONSITE SEWAGE DISPOSAL SYSTEM PRODUCT

Please complete the following Sections. Please print or type.

**Applicant**

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Town/City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province:\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Product**

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

**Product Classification (choose one)**

**Primary or Secondary Treatment Unit**

[ ] Septic Tank [ ] Extended Aerobic Treatment Unit [ ] Recirculating Aerobic Unit

[ ] Aerobic Fixed Film Unit [ ] Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Effluent Filter**

[ ] Septic Tank Outlet Filter [ ] Post-Tank Filter [ ] Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disposal Device**

[ ] Gravel-less Disposal Pipe [ ] Gravel-less Disposal Bed [ ] Chamber, Plastic

[ ] Chamber, Other [ ] Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Miscellaneous**

[ ] Pipe [ ] Effluent Flow Distribution Device [ ] Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Claim**

Describe the product’s features (attach additional sheets if necessary).

Describe the product’s performance (attach additional sheets if necessary).

Has the product received National Sanitation Foundation or Canadian Standards Authority approval?

[ ] No [ ] Yes (If “yes”, enclose a copy of the certification.)

**IMPORTANT NOTE!**

**Don’t forget to enclose relevant product literature, engineering specifications, studies, and**

**third party certifications with this application.**

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| --- |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the [ ] applicant [ ] agent for the applicant of the subject product.  (print name)  I state that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department to deny registration for use of the product in Maine.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [ ] Signature of Applicant Date  [ ] Signature of Agent for Applicant |

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