



APPLICATION FOR TECHNOLOGY NEW TO INDIANA (TNI) ONSITE SEWAGE SYSTEMS

State Form 56735 (6-19)
INDIANA STATE DEPARTMENT OF HEALTH
ENVIRONMENTAL PUBLIC HEALTH DIVISION

FOR ISDH USE ONLY.	
Date received (month, day, year)	
TNI number	

- INSTRUCTIONS:**
- Do not fax this Application – faxed copies will not be accepted.
 - Send application along with documents to: *Indiana State Department of Health, Environmental Public Health Division, Attention: TNI Review, 100 North Senate Ave., Room N855, Indianapolis, IN 46204*
Or submit electronically to eph@isdh.in.gov and note "TNI Review" in the subject line.
 - Direct questions to (317) 233-7177.

1. Name of owner	
Address (number and street, city, state, and ZIP code)	
Telephone number ()	E-mail address
2. Name of manufacturer's contact	Title of manufacturer's contact
Address (number and street, city, state, and ZIP code)	
Telephone number ()	E-mail address
3. Name of technology	
4. Type of technology <input type="checkbox"/> Component <input type="checkbox"/> Secondary treatment unit <input type="checkbox"/> Soil absorption field <input type="checkbox"/> Groundwater subsurface drainage <input type="checkbox"/> Other (describe):	
5. Brief description of the technology	
6. The following documents are attached (check all that apply):	
<input type="checkbox"/> A. Background information <input type="checkbox"/> B. Description of function/operation, including applicable scientific and engineering principles, and a process flow diagram <input type="checkbox"/> C. Performance expectations based on Research and Development (R&D) data, field performance data, and including prohibitions (water softener recharge, garbage grinders, grease, etc.) <input type="checkbox"/> D. All study reports generated for the technology, supported financially in whole or in-part by the applicant or manufacturer <input type="checkbox"/> E. All independent study reports on the technology <input type="checkbox"/> F. Certification for the technology, with test results, from independent testing laboratories <input type="checkbox"/> G. A copy of approvals for the technology from other states or government units and the regulations under which the approval was granted <input type="checkbox"/> H. Life span of the materials used in the technology, if applicable <input type="checkbox"/> I. Copies of the Design and Installation Manual, Owner's Manual, Operations and Maintenance (O&M) Manual, O&M service report form, O&M contract and product literature. <u>For Soil Absorption Field Technology:</u> <input type="checkbox"/> J. A description of the site criteria required for successful operation of the technology <input type="checkbox"/> K. The design criteria for sizing the technology to meet all site and soil condition using soil morphology and soil loading rate tables in the Rule and ISDH standards. <input type="checkbox"/> L. Site characteristics which necessitate design adjustments <input type="checkbox"/> M. Distribution methods consistent with testing protocols; flow rates (gallon per minute, gallons per dose, gallons per unit, and gallons per day, etc.) <u>For treatment devices certified under American National Standards Institute (ANSI) / National Sanitation Foundation (NSF) Standard 40, Class 1, Residential Wastewater Treatment Systems</u> <input type="checkbox"/> N. A current product listing with an ANSI accredited third party certifier <input type="checkbox"/> O. Compliance with the Indiana Standards for aerobic treatment units (ATUs) <u>Training Requirements:</u> <input type="checkbox"/> P. Provide training materials for regulators, designers, installers, service providers. Include design, installation, operation and maintenance training. <input type="checkbox"/> Q. Methods for providing the training and ensuring quality control (QC) <input type="checkbox"/> R. Listing of certified professionals; including name, certification number, date certified, and certified for technology (name and model number)	