1/2014

## STATE OF MINNESOTA DEPARTMENT OF TRANSPORTATION NEW PRODUCT PRELIMINARY INFORMATION FORM

**Erosion Control and Landscape Products** 

Manufacturer Information	Date						
Company Name	Phone Number						
Street Address	Email Address						
Distributor Information							
Company Name	Phone Number						
Street Address	Email Address						
Product Name and Model							
1. Which Mn/DOT Specification does this product meet?							
General Category Hydraulic Erosion Control Product(HECP) Erosion Control Blanket Turf Reinforcement Mat   (Check applicable) Geotextile for Silt Fence Sediment Control Log Erosion Control Netting Compost							
Specific Category Applying for:							
Provide all supporting documentation, product specifications							
2. Is the product in the HECP category and contains a colorant/die ? If yes, submit total metals analysis	concentrations	🗌 Yes	🗌 No				
3. Is the product in the HECP category and contains a polyacrylamide		Yes	🗌 No				
If yes, submit lab results of acrylamide4. Has this product been evaluated by an independent testing facility?		🗌 Yes	🗌 No				
If Yes, by which facility?	lite						

## Erosion Control and Landscape Products, cont.

5. Is there a MSDS for this produ	ct?				🗌 Yes 🗌 No		
	Prov	ide material s	afety data sheet				
			Evaluation Process (HEP)	Mn/DOT will co	ntact you .		
6. Is this product a Rolled Erosio Sediment Log with a casing?	n Control Product	, Geotextile for If Yes, send			Yes No		
	Provide	Geotextile/ca	sing Specificatio	ns			
7. Summarize the manufacturer's capacity for making this product, and date introduced on market							
8. Is there a technical expert an	d/or service agen	cy to handle re	oairs, warranty iss	ues?	Yes 🗌 No		
lf Yes, provide name, address, phone number, email							
9. Total estimated cost per unit material, with delivery.							
10 Total estimate cost per unit	material, furnished	d and installed.					
11. Provide references of gover		Į.	uct (If more than t	hree, please	attach)		
Government Reference:	Agency Name						
	Contact Person						
	Phone		E-mail				
Government Reference:	Agency Name						
	Contact Person						
	Phone		E-mail				
Government Reference:	Agency Name						
	Contact Person						
	Phone		E-mail				
Completed application forms and accompanying information are to be sent to:							
	395 Jol	nmental Stewar hn Ireland Blvd il, MN 55155					

Email: lori.belz@state.mn.us

Attn: Lori Belz