



RHODE ISLAND DEPARTMENT OF HEALTH
Center for Drinking Water Quality

APPLICATION FOR APPROVAL OF NON-EMERGENCY IN-KIND REPLACEMENT OF
PUBLIC DRINKING WATER SYSTEM COMPONENTS

IMPORTANT – PLEASE READ THIS BEFORE FILLING OUT FORM

This application is to be submitted prior to an in-kind replacement performed as part of a routine maintenance activity or as directed by the Center for Drinking Water Quality. The following documentation must accompany this application form:

- Documentation to show that the proposed replacement component meets the applicable ANSI/NSF Standard 60 or 61. *A proposed in-kind replacement component lacking appropriate certification will not be approved.*
- Documentation to demonstrate that the replacement component is a bona fide in-kind replacement. *A substitution that appears to be a modification or upgrade will require additional submittals and full engineering review.*

Please allow 10 business days for the processing of your application package, after which time we either will issue an approval letter or a contact you for additional information. Submit package to:
Center for Drinking Water Quality, RIDOH, 3 Capitol Hill, Room 209, Providence, RI 02908-5097

Public Water System name: _____

Public Water System location: _____

Contact person: _____ Phone: _____

Contact's e-mail address: _____

System Official/Owner: _____ Title: _____

Official/Owner's mailing address: _____

Official/Owner's e-mail address: _____ Phone: _____

Project description:

Equipment specifications:

	<u>Old equipment</u>	<u>Replaced by</u>
Type of equipment:	_____	_____
Manufacturer:	_____	_____
Model number:	_____	_____
Serial number:	_____	_____
Horsepower:	_____	_____
Capacity (gpm):	_____	_____
Volume:	_____	_____

Official/ Owner's signature: _____ **Date:** _____