

RHODE ISLAND DEPARTMENT OF HEALTH Center for Drinking Water Quality

NOTIFICATION OF <u>EMERGENCY</u> IN-KIND REPLACEMENT OF PUBLIC DRINKING WATER SYSTEM COMPONENTS

IMPORTANT – PLEASE READ THIS BEFORE FILLING OUT FORM

This notification form is to be submitted <u>immediately following</u> the <u>emergency</u> in-kind replacement of a system component. For this purpose, "emergency" is defined as a component failure that has caused an <u>unplanned</u> system shutdown. The following documentation must accompany this notification form:

- Documentation to show that the replacement component installed meets the applicable ANSI/NSF Standard 60 or 61. An emergency in-kind replacement component lacking appropriate certification will not be permitted to remain in service.
- 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.

Submit package to:

Center for Drinking Water Quality, RIDOH, 3 Capitol Hill, Room 209, Providence, RI 02908-5097

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Public Water System locat		
Contact person:		Phone:
Contact's e-mail address:		
System Official/Owner:		Title:
Official/Owner's mailing address:		
Official/Owner's e-mail address:		Phone:
escription of the emerger	ncy event and the subsequent ir	n-kind replacement project:
Equipment specifications:		
quipment specifications.	Old equipment	Replaced by
Type of equipment:		
Manufacturer:		
Model number:		
Serial number:		
Horsepower:		
Capacity (gpm):		
Volume:		
Official/Owner's signatu	re:	Date: