Center for Drinking Water Quality
Media Changeout Application for Approval and Reporting Form

Instructions

Use this form when conducting a media changeout. *Refer to page 2 to determine which requirements set you must follow.* For Requirements Set C, you must submit this application for approval **before** media changeout. For Requirements Sets A and B, submit this form **after** media changeout.

Complete this form and submit to the Rhode Island Department of Health (RIDOH) Center for Drinking Water Quality using the email or mailing address listed below.

Email: RIDOH.EngineeringDWQ@health.ri.gov
Mail: Center for Drinking Water Quality, RIDOH, 3 Capitol Hill, Room 209, Providence, RI 02908-5097

Please allow 10 business days for the processing of your application package, after which time you will be sent an approval or contacted for additional information. Please note that only functionally equivalent media will be approved. If you have any questions while completing this form, you can contact the Center for Drinking Water Quality by calling 401-222-6867 or emailing DOH.RIDWQ@health.ri.gov.

Find Certified Products

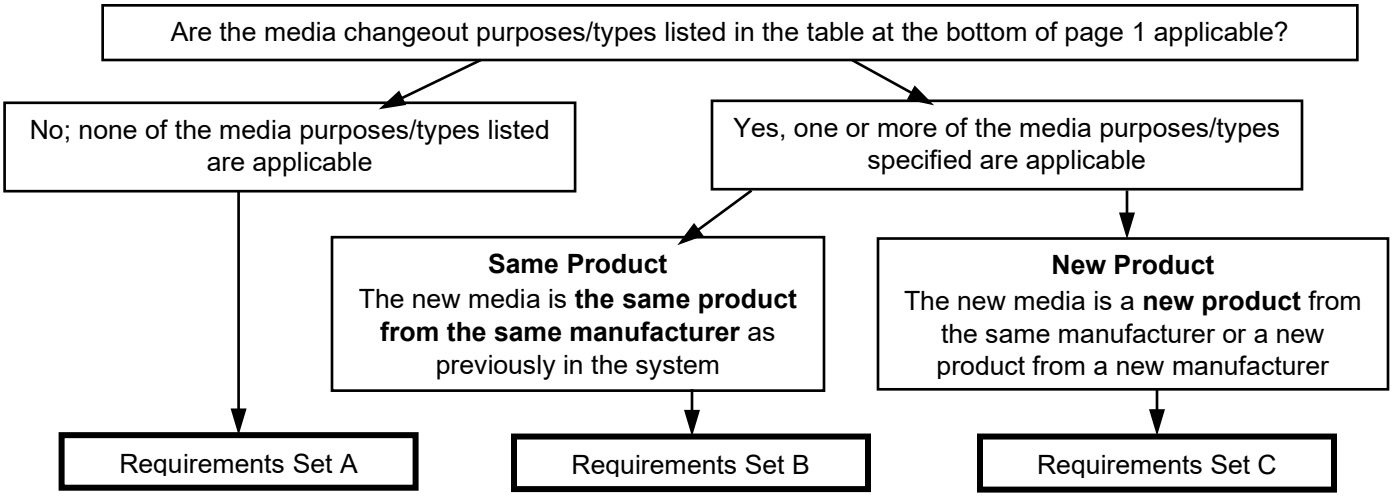
The product must have an active NSF 60 or 61 certification by one of the following agencies that are accredited to certify to NSF standards.
NSF: nsf.org Water Quality Association: wqa.org IAPMO: pld.iapmo.org ALS: truesdail.com CSA Group: csagroup.org
UL Solutions: productiq.ulprospector.com Kiwa Nederland: kiwa.com ICEES (NSF 61 only): icc-ees.org

Public Water System (PWS) Information			
PWS name:		PWS ID#:	

Media Specifications		
Type of Media:		
Target Contaminant(s):		
☐ Replacing with same manufacturer and model		
	Old	New (if changing)
Manufacturer:		
Model:		

Media and Contaminant Type
Select the box(es) below corresponding to the **media's purpose and type**.
☐ The media is granulated activated carbon (GAC) ☐ The media is included as part of treatment which was installed due an exceedance of the maximum contaminant level (MCL) for PFAS ☐ The media is used in direct filtration ☐ The media is used in diatomaceous earth filtration ☐ The media is used in aerobic bio-filtration of surface water ☐ The media is used in nanofiltration or reverse osmosis ☐ The media is part of a treatment system that is not included on the above list, but piloting was required at the time of installation
☐ None of the above are applicable

Use this flowchart to determine whether to follow Requirements Set A, B, or C



Media and Contaminant Type

Select the box(es) below corresponding to the appropriate requirements set as determined in the flow chart above, certifying that all requirements have been met.

Requirements Set A

- ☐ Product specifications from the manufacturer(s) are attached for the new media and, if different, the old media
- ☐ The new media is NSF 60 or 61 certified
- ☐ The new media has equivalent expected capacity for contaminant removal to old media
- ☐ The new media has an equivalent pressure drop to old media
- ☐ The new media has a design flow rate within the expected operational flow of the treatment unit

Requirements Set B

- ☐ The new media product specifications from the manufacturer(s) are attached
- ☐ The new media is NSF 60 or 61 certified
- ☐ Sampling results are attached, including total coliform (sampling for arsenic is also required if the media is GAC)

Requirements Set C

- ☐ Product specifications from the manufacturer(s) for the new media and the old media are attached
- ☐ The new media is NSF 60 or 61 certified
- ☐ New full-scale demonstration test (a form of piloting) plan is attached. Please contact RIDOH.EngineeringDWQ@health.ri.gov to determine piloting plan requirements.
- ☐ The new media has equivalent or greater expected capacity for contaminant removal to old media
- ☐ The new media has an equivalent pressure drop to old media
- ☐ The new media has a design flow rate within the expected operational flow of the treatment unit
- ☐ The new media has not yet been installed. New media that is a new product from the same manufacturer or a new product from a new manufacturer cannot be installed without approval.

Date of media changeout: _____

_____ _____

PWS Official's/Owner's Signature Date

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☐ **Approved** ☐ **Denied**	Stamp: Approved by: Date: