



RHODE ISLAND DEPARTMENT OF HEALTH
Center for Drinking Water Quality

**IN-KIND REPLACEMENT
PUBLIC SWIMMING POOLS
PLANS AND SPECIFICATIONS**

System Name: _____

Location: _____

Contact Person: _____ Phone: _____

Official/Owner: _____ Title: _____

Mailing Address: _____

Phone: _____

Project Description:

Equipment Specifications:

	<u>Old Equipment</u>	<u>Replaced by</u>
Pump:	_____	_____
Filter:	_____	_____
Chlorinator:	_____	_____
pH Adjustment:	_____	_____
Control Panel:	_____	_____
Heater:	_____	_____
VGB Suction Cover	_____	_____
VGB Skimmer Equalizer	_____	_____
Other:	_____	_____

**Please submit copies of any available literature or specifications on new
equipment.**

Owner's Signature: _____ Date: _____