

LIKE FOR LIKE EQUIPMENT REPLACEMENT		
Facility Name		
Facility Address		
City	State	Zip Code
Contractor/Pool Service Company:		
Name		
Address		
City	State	Zip Code
License #	SNHD Certification #	
Authorization by Facility Representat	ive for work accomplished:	
Name	Title	
Company	Phone	e Number
Signature		
SNHD Submittal Date		
☐ Like for Like equipment excha	nge approved proceed with subr	mitted work
☐ Work submitted does not qua	lify for like for like equipment ex	change - remodel submission required
SNHD Reply Date		
Approval of the work a	accomplished does not co	onstitute approval of work
misrepres	ented or omitted from th	nis document.
SNHD EHS Signature		
SNHD Approval Date		

Complete required information for only equipment replaced :	
Original Pump Make & Model #	HP Quantity
New Pump Make & Model #	HP Quantity
Total Dynamic Head (TDH) Calculation:	
Vacuum gauge reading (x 1.133) + Pressure Gauge reading	ng (x2.31) = TDH GPM
External SVRS SVRS Make & Model #	RPM
Original Filter Make & Model #	Quantity
New Filter Make & Model #	Quantity
Additional Filter Data:	
Filter Sq Ft (GPM)	Maximum filter flow (GPM)
Valve:	
Original Valves Make & Model#	Quantity
New Valves Make & Model #	Quantity
Disinfection Feeder:	
Original Disinfection Feeder Make & Model #	Quantity
New Disinfection Feeder Make & Model #	Quantity
Heater:	
Original Heater Make & Model #	BTU'S
New Heater Make & Model #	BTU'S
Description of proposed work:	
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