Department of Health

Center for Drinking Water Quality

 Three Capitol Hill

Providence, RI 02908-5097
 222-6867

TTY: 711

www.health.ri.gov

**APPLICATION – CONSTRUCTION OF NEW AQUATIC VENUE**

 *(One application package is required for each proposed venue.)*

|  |  |
| --- | --- |
| Applicant |  |
| Name of authorized agent if applying on behalf of a corporation or municipality |  |
| Mailing address (street/PO box) |  |
| City/town |  |
| State & zip code |  |
| Telephone number |  |
| E-mail address |  |
| Project name |  |
| Project description |  |
| Physical address of proposed aquatic venue | Street name and number |  |
| City/town |  |
| Venue type |  □ Swimming □ Therapy □ Wading □ Other: |
| Venue location |  □ Indoor □ Outdoor □ Combination |
| Bather type*(select all that apply)* |  □ Children ages 0-12 □ Youth ages 13-17 □ Adults □ Ages 65+ |
| Lifeguards |  □ Will be present at all times that the aquatic venue is open  □ Will not be present at all times that the aquatic venue is open |
| Professional Engineer overseeing project*(must have an active Rhode Island PE license)* | Name |  |
| RI license number |  |
| Expiration date |  |
| Mailing address (street/PO box) |  |
| State & zip code |  |
| Telephone number |  |
| E-mail address |  |
| *The following documents must be submitted with this form. Incomplete application packages will be returned to the applicant.* |
|  □ Aquatic Venue Design Compliance Form – New Venue, signed and stamped by Rhode Island-licensed PE □ Design drawings to scale, signed and stamped by Rhode Island-licensed PE □ Aquatic Venue Hydraulic Analysis Summary, signed and stamped by Rhode Island-licensed PE  □ Aquatic Venue Recirculation System Equipment Summary, signed and stamped by Rhode Island-licensed PE □ Specification sheets for all equipment listed on Aquatic Venue Recirculation System Equipment Summary form □ Proof of NSF certification for all equipment listed on Aquatic Venue Recirculation System Equipment Summary form □ Signed ADA acknowledgement form |
| Signature  |  |
| Date |  |

Form version 4-12-2019