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