Department of Health

Center for Drinking Water Quality

Three Capitol Hill

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www.health.ri.gov

**PROPOSED EQUIPMENT/MATERIALS SUMMARY**

**NON-SUBSTANTIAL ALTERATION TO EXISTING AQUATIC VENUE**

*Instructions: This summary sheet must be filled out and then signed and stamped by a Professional Engineer with an active Rhode Island license. You must identify all proposed materials to be used in the alteration, including make and model. Specifications must be attached for all items listed on the summary sheet. Certification demonstrating compliance with the specified NSF standard must be attached. Application packages submitted with forms that lack appropriate signatures or that are missing specification sheets and/or documentation of NSF certification will be considered incomplete and returned to the applicant.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project name |  | | | |
| Items | | Make | Model | Quantity |
| (e.g. new ladder, new coping, new chemical storage closet) | |  |  |  |
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*Professional Engineer to complete, sign, and stamp the following:*

Signature:

Date: / /

License No.:   
Expiration Date: / /

STAMP

Form version 4-24-2019