Department of Health

Center for Drinking Water Quality

Three Capitol Hill

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www.health.ri.gov

**APPLICATION – SUBSTANTIAL ALTERATION TO EXISTING AQUATIC VENUE**

*(One application package is required for each 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 | | |  | | |
| Licensed venue name | | |  | | |
| License number | | | SWM- | | |
| Project description |  | | | | |
| Physical address of 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 | □ Present at all times that the aquatic venue is open  □ Not 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 – Substantial Alteration to Existing Venue, signed and stamped by  Rhode Island (RI)-licensed PE  □ Aquatic Venue Hydraulic Analysis Summary, signed and stamped by RI-licensed PE  □ Aquatic Venue Recirculation System Equipment Summary, signed and stamped by RI-licensed PE  □ Design drawings showing the complete recirculation system, including all equipment on the Equipment  Summary form, and all proposed modifications to the Aquatic Venue, signed and stamped by RI-licensed PE  □ Specification sheets for all proposed new and existing equipment listed on the Aquatic Venue Recirculation  System Equipment Summary form  □ Proof of NSF certification for all proposed new equipment listed on the Aquatic Venue Recirculation System  Equipment Summary form  □ Signed ADA acknowledgement form | | | | | |
| Signature | |  | | | |
| Date | |  | | | |

Form version 4-23-2019