Department of Health

Center for Drinking Water Quality

Three Capitol Hill

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**AQUATIC VENUE RECIRCULATION SYSTEM EQUIPMENT SUMMARY**

*Instructions: This summary sheet must be filled out and then signed and stamped by a Professional Engineer with an active Rhode Island license. Specifications and certification demonstrating compliance with the specified NSF Standard must be attached for all equipment listed on this summary sheet 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 |  | | | |
| Equipment | | Make | Model | Number used |
| Filter | |  |  |  |
| Pump | |  |  |  |
| Chlorinator or Brominator | |  |  |  |
| Flow meter | |  |  |  |
| pH adjustment feeder | |  |  |  |
| Skimmers | |  |  |  |
| Skimmer equalizer cover assemblies | |  |  |  |
| Floor drain cover assembly | |  |  |  |
| Heater | |  |  |  |
| Pressure gauges | |  |  |  |
| Vacuum gauges | |  |  |  |
| Other *(list)*  1.  2.  3.  4. | |  |  |  |

*Professional Engineer to complete, sign, and stamp the following:*

Signature:

Date: / /

License No.:   
Expiration Date: / /

STAMP

Form version 4-15-2019