



ENVIRONMENTAL HEALTH DIVISION - POOLS & SPA SAFETY

Water Recreation Facility Operating Permit Application

Name of Facility: _____

Address of Facility: _____

Owner of Facility: _____

Billing Address: _____

Phone Number: _____

Email: _____

Manager/Operator: _____

Address: _____

Phone Number: _____

Email: _____

Types of Facilities

	Pool	Spa	Seasonal	Year-round
Size Primary of Facility _____gallons				
Size of Additional Facilities _____gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Size of Additional Facilities _____gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of Disinfectant: _____

If Seasonal Facility: _____open date _____close date

Hours of Operation: _____open time, _____close time

Permit Fee: _____

Signed: _____ Date: _____

Please Note: By signing the above, the applicant agrees to comply with all Washington State Board of Health rules and regulations concerning Water Recreation Facilities, and is subject to any penalties for non-compliance.

