



Establishment ID: _____
Fee: _____ Invoice #: _____
Date Rcvd: _____ Received by: _____

RECREATIONAL WATER FACILITY PERMIT APPLICATION

Facility Name: _____

E-mail: _____ UBI Number: _____

Operator: _____ Legal Owner: _____

Facility Address: _____ City: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Nos. (daytime) _____ (evening) _____ (other) _____

Public water system name: _____ PWSID: _____

Wastewater Disposal Public sewer: _____ On-Site septic system (OSS)
 Date of last inspection _____

Operation Period: Open Year Round **OR** Seasonal: Months Open _____ to _____

Days Open (check all that apply): M Tu W Th F Sat Sun Hours: _____ to _____

FACILITY IS **LIMITED PURPOSE (open only to guests/residents)** **GENERAL PURPOSE (accessible to public)**

CHECK ALL WATER FEATURES PRESENT AT FACILITY. IF MULTIPLE FEATURES OF SAME TYPE ARE PRESENT ENTER NUMBER NEXT TO TYPE OF FEATURE. A SEPARTE PERMIT FEE APPLIES TO EACH FEATURE.

Year Round Swim Pool _____ List volume in gallons for each pool: _____

Year Round Spa _____ List volume in gallons for each spa: _____

Year Round Spray Pad _____ Recirculating? Yes No

Seasonal Pool _____ List volume in gallons for each pool: _____

Seasonal Spa _____ List volume in gallons for each spa: _____

Seasonal Spray Pad _____ Recirculating? Yes No

Have all pool operators taken the required Pool Operator Training available?
 The test can be found at www.skagitcounty.net/EH - (Recreational Water) Test is required every 3 years.
**A pool operator is anyone who works on the pool, tests water quality, or oversees pool operations.*

List all Pool Operators: _____

**** I certify that the information provided is accurate and correct. I agree to comply with Washington State and Skagit County Environmental Public Health and other applicable regulations regarding the above-named facility. I agree to provide access to the facility for inspection and records review as required by code.**

 Signature

 Date