



Public Health & Social Services Department  
Environmental Health Division  
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# Water Recreation Facility Application

Submittal fee: \$375.00

Date of Application: \_\_\_\_\_ Projected Opening Date \_\_\_\_\_

Submittal Fee \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Date Rec'd \_\_\_\_\_

## Check Applicable Box:

☐ New Facility ☐ Remodel ☐ Change of Owner ☐ Change of Name \_\_\_\_\_  
*Former name of facility*

Name of Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Location Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mailing Address: *(If different from location address)*

\_\_\_\_\_  
*Street or P.O. Box*

\_\_\_\_\_  
*City/State/Zip*

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Person in Charge of Pool Operation & Maintenance:

Name: \_\_\_\_\_ CPO? *Yes / No* Phone: \_\_\_\_\_

## Type of Water Recreation Facility:

☐ Private Club ☐ School ☐ Community Pool ☐ Apartment  
☐ Motel/Hotel ☐ Mobile Home Park ☐ Home Owner Association

## Total Number of Pools:

Pools \_\_\_\_\_ Hot Tubs/Spas \_\_\_\_\_ Wading Pools \_\_\_\_\_ Other \_\_\_\_\_

What is the water source serving the facility? \_\_\_\_\_

What is the method of sewage disposal? \_\_\_\_\_

Fill this section out for each pool and attach extra pages if necessary.  
This information is needed to update our records.

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**Pool #1**      Type of Pool: \_\_\_\_\_

Months of Operation: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Estimated Water Volume: \_\_\_\_\_ Type of Filter: \_\_\_\_\_

Capacity and Type of Pump(s): \_\_\_\_\_

Method of Disinfection: (i.e. Gas Chlorine, Liquid, Tablets, etc.) \_\_\_\_\_

Type of Chlorine Feeder: \_\_\_\_\_

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**Pool #2**      Type of Pool: \_\_\_\_\_

Months of Operation: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Estimated Water Volume: \_\_\_\_\_ Type of Filter: \_\_\_\_\_

Capacity and Type of Pump(s): \_\_\_\_\_

Method of Disinfection: (i.e. Gas Chlorine, Liquid, Tablets, etc.) \_\_\_\_\_

Type of Chlorine Feeder: \_\_\_\_\_

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**Pool #3**      Type of Pool: \_\_\_\_\_

Months of Operation: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Estimated Water Volume: \_\_\_\_\_ Type of Filter: \_\_\_\_\_

Capacity and Type of Pump(s): \_\_\_\_\_

Method of Disinfection: (i.e. Gas Chlorine, Liquid, Tablets, etc.) \_\_\_\_\_

Type of Chlorine Feeder: \_\_\_\_\_

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*The above information is true and correct to the best of my knowledge.*

\_\_\_\_\_  
*Signature of Owner / Operator*

\_\_\_\_\_  
*Date*