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# Water Recreation Facility Application

Submittal fee: \$355.00

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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*