



Division of Environmental Health

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SUPPLEMENTAL POOL/SPA APPLICATION FORM

An application must be completed for each body of water. Incomplete applications will be returned.

PERMIT TYPE

<input type="checkbox"/> Pool	<input type="checkbox"/> Spa	<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor	<input type="checkbox"/> Year-round	<input type="checkbox"/> Seasonal – open _____ to _____
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I have included the required CDPH Anti-Entrapment Devices & Systems for Public Pools and Spas compliance form.

FACILITY INFORMATION

Name of Facility: _____	
Site Address: Street _____	City & Zip _____
Pool/Spa Location: _____	Pool/Spa Name: _____
On-site Manager Name: _____	Phone: _____
Pool Service: (if applicable) _____	Phone: _____

Select all that apply:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Snack Area | <input type="checkbox"/> Small Craft Equipment | <input type="checkbox"/> First Aid Room | <input type="checkbox"/> Other: (please list below) |
| <input type="checkbox"/> Storage Locker | <input type="checkbox"/> Spectator Area | <input type="checkbox"/> Water Slides | _____ |
| <input type="checkbox"/> Staff Locker Room | <input type="checkbox"/> Diving Board | <input type="checkbox"/> SCUBA Equipment | _____ |
| <input type="checkbox"/> Exercise Area | <input type="checkbox"/> Meeting Area | | |

POOL/SPA CONSTRUCTION INFORMATION

Type of Shell Finish: _____	Year Built: _____
Pool Design & Dimensions: (depths and dimensions) _____	Gallons: _____

FILTER INFORMATION

Make: _____	Date of Installation: _____
Type (check one): <input type="checkbox"/> Conventional Sand & Gravel <input type="checkbox"/> D.E. <input type="checkbox"/> High Rate Sand <input type="checkbox"/> Cartridge	
Number of Tanks: _____	Pressure: _____
Open Pit: _____	
Filter Design Flow Rate: (gpm/sq. ft.) _____	Filter Surface Area: (sq. ft.) _____
Filter Operates: Hours/Day _____ Length of Run(Hours, Days, Weeks) _____	
End of Filter Determined by: _____	

Gauges, Make, and Location: _____

Beginning of Run (psi): Influent _____ Effluent _____
 End of Filter Run (psi): Influent _____ Effluent _____

Pump Information:

Make/Model Number: _____
 Describe Design: _____
 Date of Installation: _____ Motor HP: _____
 Rated Capacity (gpm): Maximum: _____ Low: _____

Gauges, Location, and Type:

Beginning of run: _____ psi inches of Hg

End of filter run: _____ psi inches of Hg

Total opening head: _____ psi feet

POOL/SPA CHEMICAL TREATMENT SYSTEM

Chlorine

Cl2 Type Used: Gas Liquid Granular Solid Other**

** If chose "other", indicate below:

Chlorine Generator

Iodine

Ozone

Silver and Copper Ion

Silver Ion

Bromine

Ultraviolet

If none of the above, specify:

Introduction Method: Direct (hand) Feeder

Chlorination Equipment: (make & model) _____

pH

Automated Equipment: (make & model) _____

Introduction Method: Direct (hand) Feeder

pH Control: (product used) _____ **Average Daily Amount:** _____

Other Chemicals

Automated Equipment: (make & model) _____

Other Chemicals Used: Stabilizer Algicide Flocculant Other: _____

*** FOR OFFICE USE ONLY ***

**Approval
Signature:**

**Approval Date:
Approved PE:**

OA Initials and date entered: