



**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**

Pool   
  Spa   
  Indoor   
  Outdoor   
  Year-round   
  Seasonal – open \_\_\_\_\_ to \_\_\_\_\_

I have included the required CDPH Anti-Entrapment Devices & Systems for Public Pools and Spas compliance form.

**FACILITY INFORMATION**

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

Select all that apply:

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

**POOL/SPA CONSTRUCTION INFORMATION**

<b>Type of Shell Finish:</b> _____	<b>Year Built:</b> _____
<b>Pool Design &amp; Dimensions (depth and dimensions):</b> _____	<b>Gallons:</b> _____

**FILTER INFORMATION**

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

**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:**

Cl<sub>2</sub> Type Used:  Gas  Liquid  Granular  Solid  Other\*\*

\*\*if chose other, indicate below:

Chlorine Generator  Iodine  Ozone  Bromine  Ultraviolet  Silver and Copper Ion  Silver Ion

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: Date entered:
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