

# Whitman County Department of Public Health

Environmental Health Section  
N. 310 Main  
Colfax, WA 99111  
(509)397-6280

## Water Recreation Facility Operating Permit Application

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

Address of Facility: \_\_\_\_\_

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Phone Number: \_\_\_\_\_

Owner of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Facility	Pool	Spa
Size of Facility _____ gallons	<input type="checkbox"/>	<input type="checkbox"/>
Size of Additional Facilities _____ gallons	<input type="checkbox"/>	<input type="checkbox"/>
_____ gallons	<input type="checkbox"/>	<input type="checkbox"/>

Operation of Facility:  year round  seasonal

If Seasonal Facility: \_\_\_\_\_ open date, \_\_\_\_\_ close date

Hours of Operation: \_\_\_\_\_ open time, \_\_\_\_\_ close time

Permit Fee: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

By signing the above, the applicant agrees to comply with all Washington State Board of Health rules and regulations concerning Water Recreation Facilities, and is subject to any penalties for non-compliance.