



# Chelan-Douglas Health District

200 Valley Mall Parkway, East Wenatchee, WA 98802

An application must be completed and returned to the Chelan-Douglas Health District for each pool or spa.

- Each Pool or Spa  $\geq$  6 months - **\$455 (P1)**  Each pool or Spa less than 6 months - **\$345 (P2)**
- Ownership Change **\$180 (Code 1020)**

**Facility Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Type of Owner:**  Individual  Partnership  Corporation  Association.

Other legal entity (please describe) \_\_\_\_\_

**Owner or Officer's Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Resident Agent's Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of Person in Charge:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Circle the months or partial months the facility is open:

January February March April May June July August September October November December

Circle the days of the week the facility is open:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Type of disinfection being used: \_\_\_\_\_

(Seasonal operations that operate on an irregular schedule must provide this office with a schedule prior to opening for the season. The permit will be sent to you once the schedule is received and approved by this office.)

**For owners of newly constructed Water Recreation Facilities:**

Date facility is expected to open: \_\_\_\_\_

Please attach a copy of the construction report signed by an engineer or architect, as required by WAC 246-260-021(6), confirming that construction of the facility was completed in accordance with plans approved by the Washington Department of Health.

**For new owners of existing, permitted Water Recreation Facilities:**

Previous Facility Name: \_\_\_\_\_

Will the operation and equipment be the same as the previous operation at this location?  Yes  No

If yes, a change of ownership fee of \$180 will be required. **Sign here** \_\_\_\_\_

If no, please contact us at (509) 886-6400 to discuss what is needed to obtain an operating permit.

*In accordance with the provisions of all applicable health ordinances, rules and regulations, I hereby apply for a permit to operate a water recreation facility. I attest that the information given in this application is accurate. I agree to allow the Chelan-Douglas Health District access to the establishment as specified WAC-206-181, and to the records specified in WAC 260-121. I understand:*

- 1. Permits expire May 31<sup>st</sup> of each year. The applicant is responsible for completion of the permit renewal and notifying the Chelan –Douglas Health District of all changes in the water recreation facility mailing address, billing address, and/or phone number.*
- 2. Re-inspection fees will be charged when additional inspections are made following unsatisfactory routine inspections, or if follow-up inspections are needed to confirm correction of high-risk items.*
- 3. Water recreation facilities must meet the requirements of WAC 246-260, the Rules and Regulations of the State Board of Health for Water Recreation Facilities. (Copies are available on request.)*
- 4. Permits are valid only for the designated owner and establishment street address. Permits are not transferable.*

\_\_\_\_\_  
Printed name of person signing

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**Email completed applications to [EHSupport@cdhd.wa.gov](mailto:EHSupport@cdhd.wa.gov)**  
**or**

**This application will remain valid for one year from the date of submittal.**

**Mail or bring the completed application and payment to:**  
Chelan Douglas Health District  
Environmental Health Division  
200 Valley Mall Parkway  
East Wenatchee, WA 98802  
**For further information call: 509-886-6400**

**OFFICE USE ONLY**

Approved  Not Approved

\_\_\_\_\_  
EH Signature, Chelan-Douglas Health District

\_\_\_\_\_  
Date