



SOUTHWEST UTAH
PUBLIC HEALTH
DEPARTMENT
PREVENT • PROMOTE • PROTECT

Washington County
620 S. 400 E. Suite # 400
St. George, UT 84770
435-673-3528

Iron County
260 E. DL Sargent Dr.
Cedar City, UT 84721
435-586-2437

Beaver County
75 W. 1175 N.
Beaver, UT 84713
435-438-2482

Kane County
245 S. 200 E.
Kanab, UT 84741
435-644-2537

Garfield County
609 N. Main St.
Panguitch, UT 84759
435-676-8800

APPLICATION FOR A RECREATIONAL BATHING FACILITY

Please submit construction plans with completed.

APPLICATION TYPE: ☐ NEW CONSTRUCTION ☐ REMODEL ☐ EXISTING FACILITY

NAME OF FACILITY: _____

ADDRESS: _____

CITY: _____ ZIP: _____

OF POOLS: _____ TYPE OF POOL(S) (Check all that apply) ☐ **SWIMMING POOL** ☐ **SPA** ☐ **OTHER:** _____

FACILITY TYPE: ☐ H.O.A. ☐ MUNICIPAL ☐ RESORT/HOTEL ☐ OTHER: _____

**CONTRACTOR NAME: _____ **PHONE: _____

**ADDRESS: _____

**CITY: _____ **ZIP: _____

POOL OWNER'S NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ ZIP: _____

WILL THERE BE A CLUBHOUSE? _____ FENCING HEIGHT: _____ ENTRANCE LATCH HEIGHT: _____

POOL #1 Type: _____ Color: _____ Volume: _____ Surface Area: _____ Perimeter: _____

Depth: _____ ft. Estimated Bather Load: _____ Minimum Deck Width: _____ ft. Filter Size: _____

Pump Size: _____ hp Pump Rate: _____ gpm at _____ ft TDH Turn Over rate: _____ (Hrs/Min.) _____ gpm

*Timer Length: _____ minutes *ORP system manufacturer: _____

Distance between Inlets: _____ Main Drain Manufacturer: _____ Depth of Sump: _____

Please indicate an estimated number of the following:

_____ Skimmers _____ Hand Rails _____ Entrances _____ Inlets _____ Main Drains _____ Life Ring _____ Life Hook (Sheppard's hook)

☐ Check Here If Overflow gutters are to be used instead of skimmers

POOL #2 Type: _____ Color: _____ Volume: _____ Surface Area: _____ Perimeter: _____

Depth: _____ ft. Estimated Bather Load: _____ Minimum Deck Width: _____ ft. Filter Size: _____

Pump Size: _____ hp Pump Rate: _____ gpm at _____ ft TDH Turn Over rate: _____ (Hrs/Min.) _____ gpm

*Timer Length: _____ minutes *ORP system manufacturer: _____

Distance between Inlets: _____ Main Drain Manufacturer: _____ Depth of Sump: _____

Please indicate an estimated number of the following:

_____ Skimmers _____ Hand Rails _____ Entrances _____ Inlets _____ Main Drains _____ Life Ring _____ Life Hook (Sheppard's hook)

☐ Check Here If Overflow gutters are to be used instead of skimmers

If space is needed for additional pools please photo copy this form and attach to the back of this application.

I HEREBY CERTIFY ALL INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT

SIGNATURE _____ DATE: _____

*Required on spa pools

**For new construction only

Fees Paid \$ _____

Initials

For office use only

EH Form 301