FOR OFFICE USE ONLY
Amount Paid:_____
CHK#:_____ CASH:___
Date Paid: _____
Receipt No: _____
Staff Initial: _____
CR#:____ DEP#:_____

APPLICATION TO OPERATE OR RENEW WATER RECREATION FACILITY

PLEASE RETURN THIS COMPLETED APPLICATION WITH FEE TO
Att: Marisol Marquez Yakima Health District 1210 Ahtanum Ridge Drive Union Gap, WA 98903 509-249-6513

1). FACILITY NAME: _____
FACILITY MANAGER'S NAME:_____ FACILITY MANAGER'S PHONE:_____
SITE LOCATION:_____
_____, _____, _____, _____
(City) (State) (Zip) (Phone Number)
FEE AMOUNT ENCLOSED: _____ INVOICE NO:_____ CUSTOMER I.D. NO: #58-_____
CHECK NUMBER: _____ (These numbers are both located on the enclosed billing invoice)

2). SEND ALL CORRESPONDENCE TO: (Name) _____
THIS PARTY IS RESPONSIBLE FOR SENDING IN FEE, COMPLETING APPLICATION, AND MAKING SURE THE PERMIT IS VISIBLY POSTED ON-SITE WHEN RECEIVED
(Mailing Address): _____
(Unit Number): _____ (Phone): _____
(City): _____ (State): _____ (Zip): _____
OWNER'S NAME:_____ OWNER'S PHONE: _____

3). DATE pool opens and date pool closes: FROM: _____ TO: _____
Month/Day/Year Month/Day/Year
DAILY HOURS OF OPERATION, OR HOURS OPEN FOR PUBLIC USE:
SUN:_____ MON:_____ TUES:_____
WEDS:_____ THURS:_____ FRI:_____
SAT:_____ HOLIDAYS:_____

NAME/TITLE OF CONTACT PERSON: _____ PHONE: _____
(*This is the person to meet at the pool and should have access to records, chemicals, and equipment)*
If you wish to meet with staff for inspection (for example, if your facility has security access or for other reasons), please put a tentative appointment time below. You will be notified for confirmation or change of time if necessary.
Month: _____, Date: _____, Time: _____, Place: _____

4). NUMBER OF SWIMMING POOLS AT THE SITE: _____ _____
(Annual) (Seasonal)
NUMBER OF SPA POOLS AT THE SITE: _____ _____
(Annual) (Seasonal)
NUMBER OF SPRAY POOLS AT THE SITE: _____ _____
(Annual) (Seasonal)
NUMBER OF WADING POOLS AT THE SITE: _____ _____
(Annual) (Seasonal)

My signature certifies that this information is accurate to the best of my knowledge. I grant permission for the Health District to make reveiws or inspections required by the permit.

I agree to comply with all laws and ordinances adopted by the District Board of Health of the Yakima Health District pertaining to public water recreation facilities during the effective period of this permit.

I understand that any decision made by the Health District may be appealed, provided that the appeal is made in writing and delivered to the Health District within 30 days of the decision.

Name of Applicant: _____ Date: _____
(Please print) (Month/Day/Year)
Applicant's Signature: _____ Title: _____