WEBER-MORGAN DISTRICT HEALTH DEPARTMENT 477 23rd STREET, OGDEN, UTAH 84401 TELEPHONE: (801) 399-7160 FAX: (801) 399-7170

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APPLICATION FOR SWIMMING POOL PERMIT

\$450 + \$250 each additional pool/spa

Year round fee:

Seasonal fee: \$250 per pool/spa Plan review: \$485 for new or remodeled pool/spa **ESTABLISHMENT NAME**:_____ PHONE #: ____ ESTABLISHMENT ADDRESS: (FULL ADDRESS IS REQUIRED) STREET NAME/NUMBER CITY ZIP CODE **POOL OPERATOR'S NAME**: ______PHONE#:_____ **OWNER**:_____ PHONE #: ADDRESS: (FULL ADDRESS IS REQUIRED) STREET NAME/NUMBER CITY ZIP CODE PARTY TO RECEIVE CORRESPONDENCE/INVOICES: _____ PHONE #:____ ADDRESS: (FULL ADDRESS IS REQUIRED) STREET NAME/NUMBER CITY ZIP CODE PARTY TO RECEIVE BACTERIOLOICAL RESULTS:_____ PHONE #:_____ ADDRESS: (FULL ADDRESS IS REQUIRED) STREET NAME/NUMBER ZIP CODE CITY **FACILITY INFORMATION:** (check type of pool and complete information for each individual pool) TYPE OF POOL (1): OPEN YEAR AROUND SEASONAL ____OUTDOOR SWIMMING/WADING ____INDOOR SWIMMING/WADING ____OUTDOOR HOT TUB INDOOR HOT TUB OTHER: _____ (Specify type) DISINFECTANT USED: FILTER TYPE: POOL DIMENSIONS: LENGTH: WIDTH: DEPTH: CAPACITY IN GALLONS: WATER SUPPLY: PUBLIC _____ PRIVATE WELL ____ PRIVATE SPRING ____

TYPE OF POOL (2):	OPEN	YEAR AROUND	SEASONAL		
OUTDOOR SWI	MMING/WADING	SINDC	INDOOR SWIMMING/WADING		
OUTDOOR HOT TUB		INDC	INDOOR HOT TUB		
OTHER:		_ (Specify type)	(Specify type)		
DISINFECTANT USED):				
FILTER TYPE:					
POOL DIMENSIONS:	LENGTH:	_ WIDTH:	DEPTH:		
	CAPACITY IN G	SALLONS:			
WATER SUPPLY: PUR	BLICPRIVA	TE WELL	PRIVATE SPRING		
TYPE OF POOL (3):	OPEN	YEAR AROUND	SEASONAL		
OUTDOOR SWI	MMING/WADING	indc	OOR SWIMMING/WADING		
OUTDOOR HOT	TUB	INDC	OR HOT TUB		
OTHER:		_ (Specify type)			
DISINFECTANT USED):				
FILTER TYPE:					
POOL DIMENSIONS:	LENGTH:	_ WIDTH:	DEPTH:		
	CAPACITY IN G	SALLONS:			
WATER SUPPLY: PU	BLICPRIVA	TE WELL	PRIVATE SPRING		
TYPE OF POOL (4):	OPEN	YEAR AROUND	SEASONAL		
OUTDOOR SWI	MMING/WADING	indc	OOR SWIMMING/WADING		
OUTDOOR HOT	TUB	INDC	OR HOT TUB		
OTHER:					
DISINFECTANT USED):				
FILTER TYPE:					
POOL DIMENSIONS:	LENGTH:	_ WIDTH:	DEPTH:		
	CAPACITY IN G	ALLONS:			
WATER SUPPLY: PU	BLIC PRIVA	TE WELL	PRIVATE SPRING		

TYPE OF POOL (5):OUTDOOR SWI	OPEN Y MMING/WADING	'EAR AROUND INDOC	SEASONAL OR SWIMMING/WADIN	G	
OUTDOOR HOT TUB					
OTHER:DISINFECTANT USED):	_ (Specify type)			
FILTER TYPE:					
POOL DIMENSIONS:	LENGTH:	WIDTH:	DEPTH:		
	CAPACITY IN GA	ALLONS:	_		
WATER SUPPLY: PUE	BLICPRIVAT	TE WELL	PRIVATE SPRING		
TYPE OF POOL (6):	OPEN Y	ÆAR AROUND	SEASONAL		
OUTDOOR SWI	MMING/WADING	INDOC	R SWIMMING/WADIN	G	
OUTDOOR HOT	TUB	INDOC	OR HOT TUB		
OTHER:		_ (Specify type)			
DISINFECTANT USED):				
POOL DIMENSIONS:	LENGTH:	WIDTH:	DEPTH:		
	CAPACITY IN GA	ALLONS:	<u> </u>		
WATER SUPPLY: PUE	BLICPRIVAT	TE WELL	PRIVATE SPRING		
periodic inspections in	order to maintain th th the Weber-Morg	nis permit, and that	— District Health Departme this permit may be susp tions On The Design, (ended or revoked	
Signature of App	olicant		Date		