

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

APPLICATION FOR SWIMMING POOL PERMIT

Year round fee: \$450 + \$250 each additional pool/spa
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
BACTERIOLOGICAL RESULTS:** _____ **PHONE #:** _____

ADDRESS: _____
(FULL ADDRESS IS REQUIRED) STREET NAME/NUMBER CITY ZIP CODE

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 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 (3): _____ 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 (4): _____ 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 (5): 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 (6): 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

I understand that a representative of the Weber-Morgan District Health Department must perform periodic inspections in order to maintain this permit, and that this permit may be suspended or revoked for non-compliance with the Weber-Morgan District Regulations On The Design, Construction, and Operation of Public Swimming Pools.

Signature of Applicant

Date