

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: \$292 + \$168 each additional pool
Seasonal fee: \$134 + \$56 each additional pool
Plan review: \$132/2 hours + \$66 per hr after

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 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 ____

TYPE OF POOL (7): ____ 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