# COUNTY OF LAKE
**HEALTH SERVICES DEPARTMENT**
Division of Environmental Health
922 Bevins Court, Lakeport, CA 95453-9739
Lakeport Office (707) 263-1164/FAX 263-1681


**NEW APPLICATION FOR PERMIT TO OPERATE POOL**

☐ **Swimming Pool** ☐ **Spa Pool**
☐ **Wading Pool** ☐ **Special Use Pool**

**In order to issue your permit, please fill out this form completely and accurately.**

Facility Name: _____

Facility type: ☐ Hotel/Motel ☐ Homeowner's association ☐ Mobile Home Park ☐ Community Pool

Owner: _____

Facility Address: _____

City _____ Zip Code_____

Business Phone #: _____ Fax # _____

Operator/Contact Name: _____

Billing Address: _____

City _____ State_____ Zip Code_____

Pool operating Days and Hours _____

Please complete the following information for the pool:

Pool Shape ☐ Rectangular ☐ Square ☐ Round ☐ Octagonal ☐ Other _____

Measurements: Length _____ Width _____ Depth _____

Diameter_____

Pool volume in gallons _____ Turnover rate: _____

Pool Capacity _____

Filter make and model: _____

Type of Filter ☐ Sand ☐ Cartridge ☐ Diatomaceous earth (DE) ☐ Other _____

Pump make, model, and horsepower _____

What does your pool drain to? ☐ Indirect connection to sewer ☐ Direct connection to sewer

☐ Storm drain ☐ Ground ☐ Other_____

What kind of disinfectant do you use? ☐ Stabilized chlorine tablets ☐ Liquid Chlorine ☐ Chlorine powder

☐ Bromine tablets Do you use cyanuric acid stabilizer? ☐ Yes ☐ No

As the ☐ Manager ☐ Owner of this establishment, I certify that, should a permit be granted, I shall observe the statutes and regulations pertaining to the operation of pool facilities as are and may be promulgated. I also agree that representatives of the Health Department may make inspections and examine records during the hours when the business is operating.

_____ _____ Date: _____

Printed Name Signature

**For Office Use Only**

Date Received: _____ Category: _____ Fee Amount:_____

Receipt #: _____ Facility No:_____