



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, Wading Pool, Spa Pool, Special Use Pool

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

Facility Name, Facility type, 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, Measurements: Length, Width, Depth, Diameter, Pool volume in gallons, Turnover rate, Pool Capacity

Filter make and model, Type of Filter, Pump make, model, and horsepower, What does your pool drain to?, What kind of disinfectant do you use?

As the Manager or 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...

Printed Name, Signature, Date, For Office Use Only, Date Received, Category, Fee Amount, Receipt #, Facility No