Okanogan County Public Health

1234 South 2nd Avenue
P.O. Box 231
Okanogan, WA 98840
(509) 422-7140
TDD (800) 833-6388
http://www.okanogancounty.org/ochd/index.htm

APPLICATION FOR WATER CONTACT FACILITY PERMIT TO OPERATE

FEE: $ _____ DATE PAID: _____ RECEIPT#: _____

****

Please be certain this application is completed and returned with your check made payable to:

OKANOGAN COUNTY PUBLIC HEALTH
POST OFFICE BOX 231
OKANOGAN, WASHINGTON 98840

****

NAME OF ESTABLISHMENT: _____

_____ OWNER'S FULL NAME

_____ MANAGER'S FULL NAME

_____ MAILING ADDRESS | _____ CITY | _____ STATE | _____ ZIP CODE

_____ STREET ADDRESS (ESTABLISHMENT) | _____ CITY | _____ STATE | _____ ZIP CODE

_____ TELEPHONE NUMBER | _____ Pool | _____ Hot Tub | _____ POOL & HOT TUB

****

POOL _____ GALLONS HOT TUB _____ GALLONS

TYPE OF DISINFECTION: _____

TYPE OF FILTRATION: _____

****

MONTHS OF OPERATION: _____

_____ SIGNATURE OF APPLICANT

_____ DATE

Please Do Not Write Below This Line

BILLING CATEGORY: [ ] POOL [ ] HOT TUB
[ ] POOL & HOT TUB

[ ] APPROVED [ ] DENIED

PERMIT NUMBER: _____

DATE ISSUED: _____

_____ HEALTH OFFICIAL'S SIGNATURE

_____ DATE