



# Southeastern Idaho Public Health

## PUBLIC SWIMMING POOL PERMIT APPLICATION

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**Name of Facility / Permittee:** \_\_\_\_\_

**Business Phone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Partners and/or Parent Company (if applicable):** \_\_\_\_\_

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**Mailing Address:**

Street: \_\_\_\_\_ Apt./Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Facility Location Address (if different):**

Street Address: \_\_\_\_\_ Apt./Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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### FACILITY INFORMATION

**Facility / Water Feature Type:**

- Swimming Pool    Hot Tub / Spa    Other  
 Indoor    Outdoor

Type of Pool / Facility (e.g., lap pool, leisure pool, therapy spa): \_\_\_\_\_

**Hours of Operation:** \_\_\_\_\_

**Season of Operation:**

Open (Month): \_\_\_\_\_ Close (Month): \_\_\_\_\_

## POOL & EQUIPMENT DETAILS

Surface Area (Sq. Ft.): \_\_\_\_\_ Pool Volume (Gal.): \_\_\_\_\_ Max. Bather Load: \_\_\_\_\_

Disinfection Type(s):

Chlorine  Bromine  Salt  UV  Ozone  Other: \_\_\_\_\_

Minimum Flow Rate: \_\_\_\_\_ Maximum Flow Rate: \_\_\_\_\_

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## SAFETY & MONITORING

Number of Lifeguard Stations: \_\_\_\_\_

Test Kit Type (e.g., DPD, digital, etc.): \_\_\_\_\_

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## CERTIFIED POOL OPERATOR(S) (CPO)

Name CPO # Address

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## CERTIFICATION & SIGNATURE

I understand that this permit is **not transferable** and is based upon compliance with the **5th Edition of the Model Aquatic Health Code (MAHC)** and applicable local regulations. I further understand that this permit may be revoked for violations of these regulations.

Signature of Owner/Permittee: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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## FOR DEPARTMENT USE ONLY

Amount Paid: \_\_\_\_\_ Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Receipt #: \_\_\_\_\_ Received By: \_\_\_\_\_