**Construction Permit Application Form**

**Floatation System Facility Construction Permit Application**

Submit this form and other required application items electronically to: WaterRecreation@doh.wa.gov

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  | **Owner** *(must provide owner’s contact name for approval documents)* |  |
|  |
|  | Address Line 1: |   | Contact Name: |   | Phone: |   |  |
|  |  |  |  |  |  |  |  |
|  | Address Line 2: |   | Email: |   | Fax: |   |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **Engineer or Architect** *(architect must be licensed in Washington)* |  |
|  |
|  | Address Line 1: |   | Contact Name: |   | Phone: |   |  |
|  |  |  |  |  |  |  |  |
|  | Address Line 2: |   | Email: |   | Fax: |   |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **Building Contractor**  |  |
|  |
|  | Address Line 1: |   | Contact Name: |   | Phone: |   |  |
|  |  |  |  |  |  |  |  |
|  | Address Line 2: |   | Email: |   | Fax: |   |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **Facility**  |  |
|  |  |  |
|  | Facility Name: |   |  Contact Name: |   |  |
|  |  |  |  |  |  |  |  |
|  | Physical Address: |   |  |
|  |  |  |
|  | Email: |   | Fax: |   |  | Phone: |   |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **Building and Local Health Department Review** |  |
|  |
|  | Name of Building Department Reviewing Construction Plans: |   |  |
|  |  |  |  |  |  |  |  |
|  | Name of Local Health Department Reviewing Construction Plans: |   |  |
|  |  |  |  |  |  |  |  |  |

**Owner Statement of Responsibility**

**Floatation System Facility Construction Permit Application**

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  | I,  |   | , the undersigned owner, understand and accept the potential health risk and  |  |
|  | responsibilities associated with allowing bathers to bathe in float water that is treated by unproven float water treatment  |  |
|  | methods. I agree to close a floatation system to the public if the water quality does not meet the bacteriological standards  |  |
|  | specified below or if the Washington State Department of Health or the local health department determines that the floatation  |  |
|  | system is not safe for bathing. |  |
|  | **Bacteriological Standards:** |  |
|  | 1. Heterotrophic plate counts may not exceed 200 bacteria per milliliter.
 |  |
|  | 1. Total coliform may not exceed an average of one coliform per sample of 100 milliliters when using the
 |  |
|  | membrane filter test. |  |
|  | 1. Total coliform may not exceed 2.2 bacteria per sample of 100 milliliters of water when using the most
 |  |
|  | probable number (MPN) method. |  |
|  | The owner shall close the floatation system to the public immediately after obtaining test results indicating a violation of  |  |
|  | the bacteriological standards specified above. The owner shall contact the local health department to discuss options for  |  |
|  | mitigation prior to reopening. The Washington State Department of Health shall be notified of the mitigation for data tracking |  |
|  | and analysis purposes. |  |
|  |  |  |
|  | Owner Signature: |  |  |  |
|  |  |  |  |  |
|  | Date: |   |  |  |
|  |  |  |

**Construction Certification Form**

**Floatation System Facility Construction Permit Application**

If a professional engineer or architect is designing the floatation systems/facilities, then they must provide this Construction Certification Form with the plans.

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  | **Engineer or Architect** *(architect must be licensed in Washington)* |  |
|  |  |  |
|  | Company Name: |   | Engineer or Architect Name: |   |  |
|  |  |  |  |  |  |  |  |  |
|  | Address: |   |  |
|  |  |  |  |  |  |  |  |
|  | Phone: |   | Email: |   | Fax: |   |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | I,  |   | , the undersigned licensed professional engineer or architect, have examined |  |
|  | the plans/blueprints and specifications for the water recreation facility(s) to be constructed at: |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Project Name: |   |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Site: |   |  |
|  |  |  |  |  |  |  |  |
|  | Submitted to me by: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Builder’s Name: |   |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Builder’s Address: |   |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Phone: |   |  | Fax: |   |  |
|  |  |  |  |  |  |  |  |  |
|  | And |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Owner’s Name: |   |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Owner’s Address: |   |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Phone: |   |  | Fax: |   |  |
|  |  |  |  |  |  |  |  |  |

**Construction Certification Form**

**Floatation System Facility Construction Permit Application**

I certify that I have read *Float Tanks: Guidelines for Regulating Floatation Systems as Special Use Pools* published by the Washington State Department of Health and the submitted plans/blueprints and specifications for the above-described Floatation System(s) and associated facilities meet or exceed the requirements detailed in the guidelines. Furthermore, I certify the accuracy of the calculations that I am providing.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  | Engineer or Architect Signature: |  |  | Engineer or Architect Seal: |  |
|  |  |  |  |  |
|  | Date of Certification: |  |  |  |
|  |  |  |  |  |
|  |  |  |
|  |  |  |  |  |  |  |  |  |

DOH 333-223 January 2024

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