**Statement of Efficacy and Safety**

**Floatation System Facility Construction Permit Application**

This statement is for floatation system treatment device(s) that will be in use at the facility below. These devices must be installed, maintained, and operated correctly per the manufacturer’s recommendation.

Submit this form and other required application items electronically to: [WaterRecreation@doh.wa.gov](mailto:WaterRecreation@doh.wa.gov)

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|  | **Facility Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Facility Name: | | |  | | | | | | | | | | | | | | Facility Owner: | | | |  | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Facility Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **Treatment Device Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Device Manufacturer: | | | |  | | | | | | | | Device Model: | | | | | | |  | | | | | | | | | |  | |
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|  | **Conditions Under Which the Treatment Device Is Used** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | Floatation system minimum  flow rate (dirty filter): | | | | |  | | | gallons per minute, or  liters per minute | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Floatation system volume: | | | | |  | | | | gallons, or  liters | | | | | | | | | Duration of recirculation: | | | | |  | | | | | (minutes) |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Floatation system minimum number of volumetric turnovers\* between bathers: | | | | | | |  | | | | | | \*Turnovers =  Dirty filter flow rate x duration of recirculation ÷ volume | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | **Statement of Efficacy and Safety by the Manufacturer** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | |  | | | |  | | | | |  | | | | |  | |  | |  |
|  | | I, |  | | | | , the undersigned manufacturer, state that the floatation system treatment device listed | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | above will function as intended in an effective and safe manner at the above facility. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | Manufacturer Signature: | | | |  | | | | | | | | | Date: | | | | | |  | | | |  | | | | |  |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | **Bacteriological Standards:** The owner must maintain float water quality according to the following criteria. For laboratory testing purposes, items (a and b) or (a and c) in the following list must be performed.   1. Heterotrophic plate counts may not exceed 200 bacteria per milliliter. 2. Total coliform may not exceed an average of one coliform per sample of 100 milliliters when using the membrane filter test. 3. Total coliform may not exceed 2.2 bacteria per sample of 100 milliliters of water when using the most probable number (MPN) method. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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DOH 333-226 January 2024

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.