

WHITMAN COUNTY  
**Department of Public Health**

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**Whitman County Department of Public Health**

**Water Recreation Facility Operating Permit Application**

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Owner of Facility: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Manager/Operator: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Size Primary of Facility \_\_\_\_\_ gallons  
Size of Additional Facilities \_\_\_\_\_ gallons  
Size of Additional Facilities \_\_\_\_\_ gallons

		<b>Type of Facilities</b>	
		Pool	Spa
		Seasonal	Year-round

Type of Disinfectant: \_\_\_\_\_

If Seasonal Facility: \_\_\_\_\_ open date, \_\_\_\_\_ close date

Hours of Operation: \_\_\_\_\_ open time, \_\_\_\_\_ close time

Permit Fee: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please Note: By signing the above, the applicant agrees to comply with all Washington State Board of Health rules and regulations concerning Water Recreation Facilities, and is subject to any penalties for non-compliance.

