

# TANEY COUNTY HEALTH DEPARTMENT

## RECREATIONAL WATER FACILITY PERMIT REGISTRATION

320 Rinehart Rd., Branson, MO 65616

417-334-4544 EXT. 247

417-336-9604 FAX



**Application must be completed and emailed to EHS@taneycohealth.org a minimum of 10 business days prior to opening.**

### BUSINESS CONTACT INFORMATION

|                        |                      |
|------------------------|----------------------|
| Establishment Name:    | Date:                |
| Establishment Address: | Establishment Email: |
| Establishment Phone:   | Establishment Fax:   |
| Owner Name:            | Owner Email:         |
| Owner Phone:           | Owner Fax:           |
| Billing Address:       | Owner Address:       |

### TYPE OF RECREATIONAL WATER FACILITY

|   |  |   |                                  |
|---|--|---|----------------------------------|
| Total No of Facilities: _____ (one form for each) | <input type="checkbox"/> Water Facility Only | <input type="checkbox"/> Ancillary to Lodging |                                  |
| <input type="checkbox"/> Public Water Supply      | <input type="checkbox"/> Pool                | <input type="checkbox"/> Indoor               | <input type="checkbox"/> Outdoor |
| <input type="checkbox"/> Private Water Supply     | <input type="checkbox"/> Wading Pool         | <input type="checkbox"/> Indoor               | <input type="checkbox"/> Outdoor |
| <input type="checkbox"/> Public Sewer Supply      | <input type="checkbox"/> Spa                 | <input type="checkbox"/> Indoor               | <input type="checkbox"/> Outdoor |
| <input type="checkbox"/> Private Sewer System     | <input type="checkbox"/> Other: _____        |   |                                  |
| Year Built: _____                                 | Shape:                                       |   |                                  |
| Surface Square Footage: _____                     | <input type="checkbox"/> Round/Oval          | <input type="checkbox"/> Rectangular          |                                  |
|   | <input type="checkbox"/> Irregular           | <input type="checkbox"/> Other: _____         |                                  |

### PLEASE CHECK APPROPRIATE BOX

| Decks                                    | Yes                      | No                       | NA                       | Enclosures  | Yes                      | No                       | NA                       |
|--|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|
| ➤ Deck width 5 ft minimum at narrow part | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ➤ Completely enclosed by 4' fence                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Deck sloped to drain away from pool    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ➤ Enclosure permits visual observation            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Deck Astroturfed                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ➤ Maximum gap 4" or less                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Deck indoor/outdoor carpet             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ➤ Self latching gate w/latch at 4' height or more | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Deck in good repair                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |                          |

## PLEASE CHECK APPROPRIATE BOX

| Safety   | Yes                      | No                       | NA                       | Life Saving                               | Yes                      | No                       | NA                       |
|--|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|
| ➤ Overhead clear of electrical wire                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ➤ Equipment conspicuous/accessible        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Drain is contrasting color                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ➤ Life saving ring (buoy) w/line attached | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Black circle around drain                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ➤ Shepherd's crook                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ 4" Depth markings on deck                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ➤ Other: _____                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ 4" Depth markings on vertical pool wall          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ➤ Lifeguard required                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Lifeline/marking at change in bottom slope       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ➤ Pool bottom visible from life chair     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Chlorine/chemical room locked                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ➤ Emergency Phone                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ First aid kit available                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other                                     |                          |                          |                          |
| ➤ ASME/ANSI certified anti-entrapment drain system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes                                       | No                       | NA                       |                          |
| ➤ Lights above pool are protected                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ➤ Ladders/Steps; 30' width                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Signs  |                          |                          |                          | ➤ Corrosion resistant non-slip tread      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ 4" lettering, clearly visible                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ➤ Separation from food concession         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ No lifeguard on duty                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ➤ Night swimming permitted                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Pool Rules                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ➤ Underwater lighting provided            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Spa rules  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ➤ Area lighting provided                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Life saving equipment                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ➤ Water heated                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                          |                          |                          | ➤ Thermometer provided                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                          |                          |                          | ➤ Test kit with DPD reagents              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                          |                          |                          | ➤ Daily records available                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## DESIGN AND CONSTRUCTION

|   |  |
|---|--|
| Dimensions: _____ X _____ = _____ sq. ft.   | Number of inlets _____ at depth _____ inches   |
| Or Circumference in feet: _____             | Make-up/freshwater source from: <input type="checkbox"/> Hose <input type="checkbox"/> Inlet                     |
| Volume in gallons: _____                    | Is fresh water submerged: <input type="checkbox"/> Yes <input type="checkbox"/> No                               |
| Shallow area (above lifeline): _____ sq. ft | Do hoses have a backflow preventer: <input type="checkbox"/> Yes <input type="checkbox"/> No                     |
| Deep area (below lifeline): _____ sq. ft.   | Overflow gutters: <input type="checkbox"/> Yes <input type="checkbox"/> No                                       |
| Filter type (sand, DE, cartridge): _____    | Chlorinator type: <input type="checkbox"/> Gas <input type="checkbox"/> Tablet <input type="checkbox"/> Solution |
| Rate of flow (gal/min): _____               | pH feeder (pools over 2000 sq. ft.): <input type="checkbox"/> Yes <input type="checkbox"/> No                    |
| Number of skimmers: _____                   | Single or multiple main drains: _____  |
| Rate of flow (gal/min): _____               | SVRS system for single main drain: _____   |
| Pump capacity (at max. gal/hour): _____     | Drain cover installation date: _____   |
| Pump/filter is run _____ hours per day      | Drain cover expiration date: _____   |

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner or Responsible Representative

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Inspector Signature