**Construction Permit Application Form**

**Floatation System Facility Construction Permit Application**

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

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

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

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|  | **Engineer or Architect** *(architect must be licensed in Washington)* | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | |  |
|  | Company Name: | |  | | | | | Engineer or Architect Name: | | |  | | |  |
|  |  | |  | | |  | |  | |  | |  |  |  |
|  | Address: | |  | | | | | | | | | | |  |
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|  | Phone: | |  | | | Email: |  | | | Fax: | |  | |  |
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|  | 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: | |  | | | | | | | | |  |
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|  | Submitted to me by: | | | | |  | |  | |  | |  | |  |
|  |  | |  | | |  | |  | |  | |  | |  |
|  |  | | Builder’s Name: | |  | | | | | | | | |  |
|  |  | |  | |  | | |  | |  | |  |  |  |
|  |  | | Builder’s Address: | |  | | | | | | | | |  |
|  |  | |  | |  | | |  | |  | |  |  |  |
|  |  | | Phone: | |  | | |  | Fax: |  | | | |  |
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|  | And | | | | |  | |  | |  | |  | |  |
|  |  | |  | | |  | |  | |  | |  | |  |
|  |  | | Owner’s Name: | |  | | | | | | | | |  |
|  |  | |  | |  | | |  | |  | |  |  |  |
|  |  | | Owner’s Address: | |  | | | | | | | | |  |
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|  |  | | Phone: | |  | | |  | Fax: |  | | | |  |
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**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.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | |  |  | |  |  |  |  |
|  | Engineer or Architect Signature: |  | | | |  | Engineer or Architect Seal: | | |  |
|  |  |  | |  | | |  |
|  | Date of Certification: |  | | | |  |  |
|  |  |  |  | | | |  |
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DOH 333-223 January 2024

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