

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 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"/> Public Water Supply <input type="checkbox"/> Private Water Supply <input type="checkbox"/> Public Sewer Supply <input type="checkbox"/> Private Sewer System Year Built: _____ Surface Square Footage: _____	<input type="checkbox"/> Water Facility Only <input type="checkbox"/> Ancillary to Lodging <input type="checkbox"/> Pool <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Wading Pool <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Spa <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Other: _____ Shape: <input type="checkbox"/> Round/Oval <input type="checkbox"/> Rectangular <input type="checkbox"/> Irregular <input type="checkbox"/> Other: _____
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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

	Yes	No	NA		Yes	No	NA
Safety				Life Saving			
➤ 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"/>				
➤ ASME/ANSI certified anti-entrapment drain system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	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"/>
				➤ Corrosion resistant non-slip tread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs	Yes	No	NA	➤ Separation from food concession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ 4" lettering, clearly visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	➤ Night swimming permitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ No lifeguard on duty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	➤ Underwater lighting provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Pool Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	➤ Area lighting provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Spa rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	➤ Water heated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Life saving equipment	<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. Or Circumference in feet: _____ Volume in gallons: _____ Shallow area (above lifeline): _____ sq. ft. Deep area (below lifeline): _____ sq. ft. Filter type (sand, DE, cartridge): _____ Rate of flow (gal/min): _____ Number of skimmers: _____ Rate of flow (gal/min): _____ Pump capacity (at max. gal/hour): _____ Pump/filter is run _____ hours per day	Number of inlets _____ at depth _____ inches Make-up/freshwater source from: <input type="checkbox"/> Hose <input type="checkbox"/> Inlet Is fresh water submerged: <input type="checkbox"/> Yes <input type="checkbox"/> No Do hoses have a backflow preventer: <input type="checkbox"/> Yes <input type="checkbox"/> No Overflow gutters: <input type="checkbox"/> Yes <input type="checkbox"/> No Chlorinator type: <input type="checkbox"/> Gas <input type="checkbox"/> Tablet <input type="checkbox"/> Solution pH feeder (pools over 2000 sq. ft.): <input type="checkbox"/> Yes <input type="checkbox"/> No Single or multiple main drains: _____ SVRS system for single main drain: _____ Drain cover installation date: _____ Drain cover expiration date: _____
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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