

San Juan Public Health



735 S 200 W STE 2 • PO Box E
Blanding, UT 84511
Phone: (435) 359-0038
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APPLICATION – SWIMMING POOL & OR HOT TUB PERMIT

FACILITY NAME: _____

FACILITY ADDRESS: _____

PHONE #: _____ FAX #: _____

OWNER/MANAGER: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ FAX #: _____

E-MAIL: _____

POOL LOCATION: INDOOR / OUTDOOR OPERATING: SEASONAL / YEAR ROUND

CERTIFIED POOL OPERATOR: _____

CPO #: _____ DATE ISSUED: _____ DATE EXPIRES: _____

****PLEASE ATTACH A COPY OF THE CERTIFIED POOL OPERATORS CERTIFICATE****

Applicant agrees that maintenance of a health permit is predicated on compliance with Utah Code R392-302 (Swimming pool design, construction and operation of public pools). This permit is non-transferable and revocable for noncompliance. Permit is valid for one year from date of issue

APPLICANTS SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

Permit Fee: _____ Permit Number: _____

Sampling Fee: _____ Permit Expires: _____

of Samples: _____ Receipt #: _____

Total Due: _____ Date: _____