

# APPLICATION FOR RECREATIONAL WATER FACILITY

## COMPLETE ONE APPLICATION IN FULL FOR EACH POOL IN YOUR FACILITY

The personal information collected relates directly to and is necessary for program operation per Section 26 of the *Freedom of Information and Protection of Privacy Act*. Information that appears on a licence may be disclosed per Section 22(4)(i) of the Act, as it is not considered an unreasonable invasion of personal privacy. If you have any questions about the collection and use of this information, contact the Vancouver Island Health Authority Information & Privacy Office. **PLEASE PRINT WHERE POSSIBLE**  
RETURN FORM TO NEAREST EPH OFFICE: <https://www.islandhealth.ca/our-locations/health-protection-environmental-services-locations>

<b>STATUS</b>	<b>NEW</b> <input type="checkbox"/> New Facility <input type="checkbox"/> New Location <input type="checkbox"/> New Ownership <b>AMENDMENT</b> <input type="checkbox"/> Change to Facility			
<b>RECREATIONAL WATER FACILITY</b>	<b>FACILITY NAME</b>			
	FACILITY LOCATION ADDRESS			
	CITY	POSTAL CODE	TELEPHONE	
	FAX	EMAIL		
	MAILING ADDRESS (IF DIFFERENT FROM ABOVE):			
<b>FACILITY'S REGISTERED OWNER</b>	<input type="checkbox"/> <b>SOLE PROPRIETOR</b> <input type="checkbox"/> <b>SOCIETY*</b> <input type="checkbox"/> <b>PARTNERSHIP*</b> <input type="checkbox"/> <b>INCORPORATED*</b>			<input type="checkbox"/> *Copy of Legal Documents Provided
	REGISTERED <b>OWNER</b> NAME			
	MAILING ADDRESS			
	CITY	PROV	POSTAL CODE	
	TELEPHONE	FAX	ALTERNATE PHONE	
	EMAIL			
<b>FACILITY MANAGER/ CONTACT</b>	<b>CONTACT NAME</b>		POSITION	
	TELEPHONE	FAX	EMAIL	
<b>FACILITY SERVICING</b>	<b>WATER SOURCE</b> <input type="checkbox"/> COMMUNITY (SYSTEM NAME): _____ <input type="checkbox"/> WELL <input type="checkbox"/> OTHER (SPECIFY): _____			
	<b>SEWAGE DISPOSAL</b> <input type="checkbox"/> SEWER <input type="checkbox"/> ONSITE SEWAGE DISPOSAL			
<b>OPERATIONAL MONTHS</b>	<input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC <input type="checkbox"/> ALL YEAR			
<b>POOL DETAILS (COMPLETE SECTION 1,2,3)</b>	<b>SECTION 1 – DIMENSIONS</b>		<b>SECTION 2 – POOL TYPE</b>	
	<input type="checkbox"/> POOL ≥ 19 m <sup>2</sup>		<input type="checkbox"/> PUBLIC <input type="checkbox"/> WADING	
	<input type="checkbox"/> POOL < 19 m <sup>2</sup>		<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> SPRAY	
	<input type="checkbox"/> POOL ≥ 61 cm DEEP		<input type="checkbox"/> HOT TUB	
	<input type="checkbox"/> POOL < 61 cm DEEP		<input type="checkbox"/> OTHER (SPECIFY): _____	
<b>ADDITIONAL SYSTEM INFORMATION</b>	<b>FILTRATION TYPE</b> <input type="checkbox"/> SAND <input type="checkbox"/> DIATOMACEOUS EARTH (D.E.) <input type="checkbox"/> OTHER (SPECIFY): _____			
	<b>DISINFECTION TYPE</b> <input type="checkbox"/> CHLORINE <input type="checkbox"/> BROMINE <input type="checkbox"/> OZONE <input type="checkbox"/> UV <input type="checkbox"/> OTHER (SPECIFY): _____			
	DOES YOUR FACILITY USE GASEOUS CHLORINE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
	DOES THE POOL OPERATOR HAVE APPROPRIATE TRAINING?			<input type="checkbox"/> YES <input type="checkbox"/> NO
	HAS A POOL SAFETY PLAN BEEN SUBMITTED?			<input type="checkbox"/> YES <input type="checkbox"/> NO
	HAS A CONSTRUCTION PERMIT APPLICATION BEEN SUBMITTED?			<input type="checkbox"/> YES <input type="checkbox"/> NO
	HAS A POOL DATA SHEET BEEN SUBMITTED?			<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>VERIFICATION</b>	APPLICANT SIGNATURE _____ DATE _____ I hereby certify that the information set out by me in this application is true and correct to the best of my knowledge and belief. I acknowledge that it is an offence to supply false or inaccurate information on this application.			
	PRINT NAME _____			
	PHONE _____			
<b>FOR OFFICIAL USE ONLY</b>		<b>DATE</b>	<b>INITIAL</b>	
	RECEIVED BY EPH			FACILITY TYPE
	POSTED TO HS CLOUD			FACILITY #
	CONSTRUCTION PERMIT ISSUED			AMOUNT PAID
	FACILITY APPROVED BY EHO			METHOD OF PAYMENT
	OPERATING PERMIT SENT			RECEIPT #