



CLAY COUNTY
PUBLIC HEALTH CENTER



**Recreational Waters-
Permit Application**

800 Haines Drive
Liberty, MO 64068
Revised: 6/13/16
Form# 1.031.320.RW.1F-2

Phone: 816-595-4350

Fax: 816-595-4394

Recreational Waters Application Type

New-Proposed Opening Date: _____ Change of Owner, Permit #: _____
 Renewal, Permit #: _____

Facility Information

Name of Facility: _____ Date: _____
Phone #(s): _____ Fax #: _____
Email Address: _____ Web Address: _____
Facility Address or Location: _____
City: _____ State: _____ Zip Code: _____
Facility Mailing Address: Same as Facility Above Same as Owner's Below Other, Please Provide:
Other Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Name of Facility Contact Person: _____ Contact's Phone #: _____

Owner Information

Owner's Name: _____
Phone #(s): _____ Email Address: _____
Owner's Address: _____
City: _____ State: _____ Zip Code: _____
Ownership Is: Company Corporation/LLC Government
 Individual Religious or Charitable Organization

Inspection Contact Information

Name of Pool Manager or Contact Person: _____
Phone #: _____ Cell Phone #: _____
Email Address: _____

Type/Number of Pools/Spas Owned By Facility

Please enter the number of each pool type is at the facility.

Outdoor Swimming Pool: _____ Indoor Swimming Pool: _____
Outdoor Spa/Hot Tub: _____ Indoor Cool Tub: _____
Outdoor Sprayground: _____ Indoor Spa/Hot Tub: _____
Outdoor Wading Pool: _____ Indoor Wading Pool: _____
Other: _____ Please Explain: _____



Individual Public Pool/Spa Information

Facility Type: _____ Current Permit #: _____

Operation Period:

Mark all that apply: Open Entire Year Open Seasonal, from: _____ to: _____

What days and hours is the facility operational?

Monday: Tuesday: Wednesday: Thursday: Friday: Saturday: Sunday:

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Pool/Spa Data:

Pool Volume: _____ Gallons Bather Load: _____

Flow Rate: Minimum: _____ Maximum: _____

Number of Lifeguard Stations: _____

Test Kit Type: _____

Filter Size: _____ Filter Make: _____ Filter Model: _____

Feeder Type: _____

Pump Size: _____ Pump Make: _____ Pump Model: _____

Virginia Graeme Baker Act (VGBA) Cover Model: _____

Secondary Disinfection: _____

Utilities:

Power Source: _____ Supplier: _____

Water Source: _____ Supplier: _____

Sewage Source: _____ Supplier: _____

Agreement

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the swimming pool operation will comply with the **Rules and Regulations Relating to Swimming Pools, Spas and Similar Facilities for Clay County, Missouri** adopted by the Clay County Public Health Center Board of Trustees February 12, 2015.

Applicant's Name (Print): _____ Title: _____

Applicant's Signature: _____ Date: _____

Operating permit will be valid for a period not to exceed one year following the date of issuance unless suspended or revoked.