



# Aquatic Facility Renewal

## Environmental Health Division

### Wichita Falls-Wichita County Public Health District

1700 Third St. | Wichita Falls, TX 76301 | 940-761-7800 | [www.health.wichitafallstx.gov](http://www.health.wichitafallstx.gov)

Site No. \_\_\_\_\_

Date Received \_\_\_\_\_

For Office Use Only

To Whom it may concern,

It is time for your annual permit renewal. In addition to sending in your payment with one of the enclosed invoices, we ask that you take a few moments to fill out the following information in order to update our records. You may feel that this information is repetitive and that we already have it, but it is extremely helpful for us to regather this information to make sure our system is current and there are no typos with incorrect contact information. We are having increasing difficulties getting ahold of several establishments and establishment owners and this is an attempt to remedy that situation. Please fill out the information below and send it in with your payment and invoice:

Name of Establishment: \_\_\_\_\_ Establishment Phone: (\_\_\_\_) \_\_\_\_\_

Establishment Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name and E-Mail (inspections sent to): \_\_\_\_\_

Name and E-Mail (inspections sent to): \_\_\_\_\_

Name and E-Mail (inspections sent to): \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Phone: (\_\_\_\_) \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Billing Name: \_\_\_\_\_ Billing Phone: (\_\_\_\_) \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Establishment Description:  For Profit  Non-Profit (Tax Exempt Number \_\_\_\_\_)

**Please fill in and check the appropriate box/boxes that best describes your establishment:**

GENERAL INFORMATION			
# of Swimming Pools:	# of Spas/"Hot Tubs":	# of Public Interactive Water Features:	# of Pool Managers:
<input type="checkbox"/> Have added/moved a diving board (specify):			
<input type="checkbox"/> Have added/moved a slide (specify):			
<input type="checkbox"/> Have added/moved a deck structure (specify):			
<input type="checkbox"/> Have remodeled (specify):			
<input type="checkbox"/> Have a variance (specify):			
<b>(!)(!)(!) An Annual Data Sheet and an Annual Electrical Inspection must be submitted prior to the Permit Inspection (!)(!)(!)</b>			
Forms can be found online at: <a href="http://www.wichitafallstx.gov/2342/Aquatic-Facility-Fees-Forms">http://www.wichitafallstx.gov/2342/Aquatic-Facility-Fees-Forms</a>			
Forms can be picked-up in person at: Wichita Falls-Wichita County Public Health District Environmental Health Division 1700 3 <sup>rd</sup> Street   Wichita Falls, TX 76301			

I (we) apply for a permit renewal to operate an aquatic facility and by this renewal do agree to comply with the rules and regulations set forth by the Wichita Falls-Wichita County Public Health District. I (we) understand that any falsifications or omissions as to the material fact or any violation of any law by designees or myself will constitute grounds for revocation or suspension of this permit by the Health District.

Applicant Print Name

Applicant Signature

Date