



Skagit County Public Health

Environmental Health

Food & Living Environment

Water Recreation Pre-permitting Review & Inspection - Application

2026

Office Use Only

Est. ID: _____ INV#: _____

RCVD Date: _____ By: _____

EH Use Only

Reviewer: _____ Date Appr.: _____

Incomplete applications will not be accepted. Fees are not refundable. Additional fees may apply for staff review of variances or if additional inspections are needed to issue permit.

Attach separate Appendix A or WA Department of Health Water Recreation Facility Inventory for each feature.

Fees	Check the appropriate application type.	
	☐ Change in Ownership Permit Review & Inspection	\$260
	☐ Pre-operational Inspection following DoH plan review	\$385
	☐ Consultation Request prior to facility changes (hourly rate)	\$130
	Total:	\$

Provide the name and contact information of the cardholder if you wish to pay by credit/debit card. **DO NOT ENTER THE CARD INFORMATION.** Skagit County Public Health staff will contact you to make payment over the phone. Card transactions may be assessed a 3% processing fee on top of the application fee.

Card Pmt	Cardholder Name	
	Cardholder Phone	

General Information		
Facility Name		
Physical Address		
Contact Person		Phone
Email		
Facility Use	☐ General Use (accessible to public)	☐ Limited Use (residents & guests only)
Water Feature(s) Check all that apply	Type	Count of each
	☐ Swimming Pool	
	☐ Wading Pool	
	☐ Spa	
	☐ Spray Pad	
	☐ Other: _____	
	☐ Other: _____	
Effective Date		

Hours	☐ Year-Round	☐ Seasonal	Season Open Date				Season Close Date			
		Mon	Tues	Weds	Thurs	Fri	Sat	Sun		
	Open									
	Close									

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Utilities	Water	☐ Municipal	Utility Name:	
		☐ Well/Other	PWSID:	
	Sewer	☐ Municipal	Utility Name:	
		☐ Septic	Inspection Date:	

Restrooms, Showers, Plumbing Fixtures						
		Toilets	Urinals	Showers	Sinks	Diaper Stations
Number of fixtures	Male					
	Female					
	Unisex					
# of Hose bibbs				# of drinking fountains		

Training	List all Pool Operators below & attach Pool Operator Training Exam and/or Certified Pool Operator certificate for review. See https://www.skagitcounty.net/Departments/HealthEnvironmental/recreation.htm for training information.			
	Operator 1		Operator 2	
	Operator 3		Operator 4	

All Facilities	
Attachments	☐ Site plan , drawn to scale at a minimum ¼ in per foot, that includes:
	☐ Location & placement of all water features & permanent structures on or opening onto deck
	☐ Location of all restrooms, showers, hose bibbs, & drinking fountains
	☐ Location of all emergency phones, life rings, shepherds crooks, and other emergency equipment,
	☐ Material & height of all barriers & location of all entrances & exits to pool enclosure
	☐ Location, height, and specifications for any slides, diving boards or platforms, or other elevated structures
	☐ Skagit County Pool Operator certificate and/or Certified Pool Operator certificate
	☐ Written Plan of operation with copies of water quality logs for last 30 days of operation for each water feature
	General Use Facilities
☐ Lifeguarding plan	

By signing this application, I attest that this application is complete and accurate. I affirm that I will comply with the requirements of Washington State & Skagit County. I agree to pay additional hourly fees incurred for review of these plans in accordance with current Schedule of Charges. I understand submission of this application does not constitute approval to permit or operate and that all changes in operations must be approved in advance.

Signature		Date	
Print Name		Title	

Appendix A - Water Recreation Facility Inventory

Complete the **Facility Design** column of this form for each water feature at your facility.

Feature Name/ID				Feature Type			
Bather Capacity							

		Facility Design		Observed During Inspection	
Pool Size					
Pool Surface Area (ft ²)					
Pool Volume (gal)					
Pool Depth (ft)	Shallow end				
	Deep end				
Pool Surface					
Pool Surface Material					
Pool Surface Color					
Return Inlets					
# of Return Inlets	Wall				
	Floor				
Overflow Outlets					
Overflow Outlet Type		☐ Gutter	☐ Skimmer	☐ Gutter	☐ Skimmer
Gutter	Gutter around the perimeter		☐ Yes	☐ No	☐ Yes ☐ No
	Balancing tank (ft)	Length			
		Width			
		Height			
		Freeboard (normal level)			
Skimmer	# of skimmers				
	Skimmer Manufacturer & Model				
	Skimmer equalizer line?		☐ Yes ☐ No	☐ Yes ☐ No	
	Equalizer line cover manufacturer/model				
	Equalizer line tied to main Drains?		☐ Yes ☐ No	☐ Yes ☐ No	
Autofill?		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Main Drains (covers, sumps, and pipes)					
# of Main Drains					
Shortest distance between main drains (ft)					
Main drain cover	Manufacturer/Model				
	Size				

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Main drain cover (con't)	Date installed				
	Open area (in ²)				
Main drain pipe diameter (in)					
Hydrotherapy jet pipe diameter (in)					
Distance between drain cover bottom & pipe top (in)					
Hydrostatic relief valve provided?		☐ Yes	☐ No	☐ Yes	☐ No
Pump(s)					
Filter Pump	Manufacturer/Model				
	HP				
Normal filter flow rate (gpm)					
Total Dynamic Head (ft)					
Variable speed pump setting (RPM)	Lower				
	Upper				
Jet pump(s)	Manufacturer/Model				
	HP				
Normal jet pump flow rate (max GPM)					
Filter(s)					
Clean filter vacuum (in/Hg)					
Clean filter pressure (psi)					
Filter type		☐ High-rate sand ☐ Cartridge ☐ Diatomaceous earth ☐ Other: _____		☐ High-rate sand ☐ Cartridge ☐ Diatomaceous earth ☐ Other: _____	
Filter manufacturer/model					
Filter area (ft ²)					
Disinfection Equipment					
Disinfectant feeder manufacturer/model					
Disinfectant type		☐ Trichlor ☐ Dichlor ☐ Ca(OCl) ₂ ☐ LiOCl	☐ NaOCl ☐ Salt-chlorine ☐ Cl ₂ ☐ Bromine	☐ Trichlor ☐ Dichlor ☐ Ca(OCl) ₂ ☐ LiOCl	☐ NaOCl ☐ Salt-chlorine ☐ Cl ₂ ☐ Bromine
Supplemental disinfection, specify					
pH Control					
Chemical used					
Injection method					

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