**Characteristics Data Form**

**Floatation System Facility Construction Permit Application**

This form must be filled out for each individual floatation system. If you have two or more identical floatation systems, you may fill this out only once. However, a unique identifier (floatation system) must be provided for each of the identical systems.

Send this form and other required application items to:

**WA Department of Health  
Water Recreation Program  
243 Israel Road SE  
Tumwater, WA 98501**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **Owner Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Address Line 1: | | | | | | |  | | | | | | | | | Contact Name: | | | | | |  | | | | | | | | | | Phone: | |  | | | | | | | |  |
|  |  | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | | | | |  | |  | | | | | | | |  |
|  | Address Line 2: | | | | | | |  | | | | | | | | | Email: | |  | | | | | | | | | | | | | | Fax: | |  | | | | | | | |  |
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|  | **Facility Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Facility Name: | | | | | | |  | | | | | | | | | | | | | |  | Contact Name: | | | | | | |  | | | | | | | | | | | | |  |
|  |  | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | | | | |  | |  |  | | | | | | |  |
|  | Physical Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Email: | | |  | | | | | | | | | | | | | Fax: | |  | | | | | | | | |  | | | Phone: | | | |  | | | | | | | |  |
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|  | **Floatation System Characteristics Data** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | **Unique Identifier** | | | | | | | |  |  | | | | | | | |  | |  | **Floatation System Type** | | | | | | | | | | | | | | | | | | | | | |  | |
|  | This is the name or number that you assign to each floatation system. If you are filling this form out for multiple identical systems, list all the unique identifiers for them here. | | | | | | | | | | |  | **FOR OFFICE**  **USE ONLY**  **Database Identifier** | | | | |  | |  |  | | | | | | | |  | | |  | | | | | | | | | | |  | |
|  |  | |  | Pod: | | | | a premanufactured system that you purchase and install on site. | | | | | | | | | | | | | | | | | |  | |
|  |  | |  |  | | | | | | | |  | | |  | | | | | | | | | | |  | |
|  |  | |  | Cabin: If so,  site-built system, or  premanufactured | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | |  |  | | | | |  | |  |  | | | | | | | |  | | |  | | | | | | | | | | |  | |
|  |  | | | | | | | | | | |  |  | | | | |  | |  | Other (explain): | | | | | | | |  | | | | | | | | | | | | | |  | |
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|  |  | | | | | | | | | | |  |  | | | | |  | |  | Manufacturer:  (n/a if site-built) | | | | | | | |  | | | | | | | | | | | | | |  | |
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|  |  | | | | | | | | | | |  |  | | | | |  | |  | Model:  (n/a if site-built) | | | | | | | |  | | | | | | | | | | | | | |  | |
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|  | **Floatation System Characteristics Data (continued)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | **Volume** | | | | | | | | | | | | | | | | |  | |  | **Filter** | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | |  | |  |  | | | | | | | | | | | | | | | | | | | | | |  | |
|  | The normal volume of the float water when the tank is filled. | | | | | | | | | |  | | | gallons, or  liters | | | |  | |  | Manufacturer: | | | | |  | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | |  | |  |  | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | |
|  | **Target Float Water Temperature:** | | | | | | |  | | |  | | | ˚F, or  ˚C | | | |  | |  | Model: | | |  | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | |  | |  |  | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | |
|  | **Target Float Water**  **Specific Gravity:** | | | | | | |  | | |  | | |  | | | |  | |  |  | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | |  | |  |  | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | **Pump** | | | | | | | | | | | | | | | | |  | |  | Media Rate: | | | | | |  | | | | | gallons per minute/ft2, or  liters per minute/m2 | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | |  | |  |  | | | | | | | | | | |  | |
|  | Manufacturer: | | | |  | | | | | | | | | | | | |  | |  | Filter Area: | | | | | |  | | | | | square feet, or  square meters | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | |  | |  |  | | | | | | | | | | |  | |
|  | Model: |  | | | | | | |  | Horse Power: | | | | |  | | |  | |  | Size of suspended particles removed: | | | | | | | | |  | | | | | | | (microns) | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | **Recirculation Data** | | | | | | | |  |  | | | | | | | |  | |  | Duration of Recirculation:  (minimum time between bathers) | | | | | | | | | | | | |  | | | (minutes) | | | | | |  | |
|  |  | | | | | | | |  |  | | | | | | | |  | |  |  | | | | | | | |  | | |  | | | | | | | | | | |  | |
|  | Clean Filter Flow Rate: | |  | | | | | | | gallons per minute, or  liters per minute | | | | | | | |  | |  | Design Volumetric Turnovers\*: | | | | | | | | | | | | |  | | | (turnovers) | | | | | |  | |
|  |  | | | | | | | |  |  | | | | | | | |  | |  | \*Turnovers = Dirty Filter Flow Rate x Duration of Recirculation ÷ Volume | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Dirty Filter Flow Rate: | |  | | | | | | | gallons per minute, or  liters per minute | | | | | | | |  | |  |  | |
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|  | **Treatment Methods Employed** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | UV Device:  Yes  No | | | | | | | | | | | | | | | | | | |  | Ozone Device:  Yes  No | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Manufacturer: | | | | |  | | | | | | | | | | | |  | |  | Manufacturer: | | | | | | | |  | | | | | | | | | | |  | | |  | |
|  |  | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Model: | | | | |  | | | | | | | | | | | |  | |  | Model: | | | | | | | |  | | | | | | | | | | |  | | |  | |
|  |  | | | | | | | |  |  | | | | | | | |  | |  |  | | | | | | | |  | | |  | | | | | | | | | | |  | |
|  | Maximum Recommended Flow Rate: | | | | | | | |  | | | | | | | gpm  lpm | | | |  | Ozone generation:  UV, or  Corona Discharge Method | | | | | | | | | | | | | | | | | | | | |  |  | |
|  |  | | | | | | | |  |  | | | | | |  |  | |
|  | UV Dose: | | | | | | | |  | | | | | | | (mJ/cm2) | | | |  | Maximum Recommended Flow Rate: | | | | | | | | | | |  | | | | | | gpm  lpm | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | |  | Target Ozone Concentration in Float Water: | | | | | | | | | | |  | | | | | | ppm  mV\* | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  | |
|  | Salt Chlorine Generator:  Yes  No | | | | | | | | | | | | | | | | | | |  | \*Oxidation-Reduction Potential | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Manufacturer: | | | | | |  | | | | | | | | | | |  | |  | Advanced Oxidation Device:  Yes  No | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Model: | | | | | |  | | | | | | | | | | |  | |  | Manufacturer: | | | | | | | |  | | | | | | | | | | | |  | |  | |
|  |  | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  | |
|  | In-Line Generator, or  Brine Tank Generator | | | | | | | | | | | | | | | | | | |  | Model: | | | | | | | |  | | | | | | | | | | | |  | |  | |
|  |  | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Target Free Chlorine Concentration in Float Water: | | | | | | | | |  | | | | | | ppm  mV\* | | | |  | Maximum Recommended Flow Rate: | | | | | | | | | | |  | | | | | | | gpm  lpm | | | |  | |
|  | \*Oxidation-Reduction Potential | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | |  | |
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DOH 333-225 March 2017

For people with disabilities, this document is available on request in other formats. Call 1-800-525-0127 (TDD/TTY call 711).