**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**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  | **Owner Information** |  |
|  |
|  | Address Line 1: |   | Contact Name: |   | Phone: |   |  |
|  |  |  |  |  |  |  |  |
|  | Address Line 2: |   | Email: |   | Fax: |   |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | **Facility Information** |  |
|  |
|  | Facility Name: |   |  | Contact Name: |   |  |
|  |  |  |  |  |  |  |  |  |
|  | Physical Address: |   |  |
|  |  |  |
|  | Email: |   | Fax: |   |  | Phone: |   |  |
|  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | **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): |   |  |
|  |  |  |  |  |  |  |  |  |  |
|  |   |  |  |  |  | Manufacturer:(n/a if site-built) |   |  |
|  |  |  |  |  |  |  |  |  |  |
|  |   |  |  |  |  | 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:** |  |   |  |  |  |  |  |
|  |  |  |  |  |  |
|  |
|  | **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 |  |  |  |
|  |  |  |
|  |  |  |
|  | **Treatment Methods Employed** |  |
|  |  |  |
|  | 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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For people with disabilities, this document is available on request in other formats. Call 1-800-525-0127 (TDD/TTY call 711).