



South Central Public Health District

Prevent. Promote. Protect.

Application for Swimming Pool License

New Construction

Change of Ownership

Facility Name: _____

Applicant Name: _____

Physical Address: _____

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____

Email Address: _____

Facility Phone: _____

Home Phone: _____

Owner Name: _____

Owner Address: _____

City/State/Zip: _____

Certified Operator's Name: _____

Seasonal: (if pool is seasonal give dates of intended operation)

From: _____

To: _____

Water System: Public, System name _____

Private: _____

Sewage System: Public, system name _____

Private: _____

BY SIGNING THIS, I, THE LEGAL OWNER/AGENT, AGREE TO ABIDE BY IDAHO'S "RULES GOVERNING CONSTRUCTION AND OPERATION OF PUBLIC SWIMMING POOLS IN IDAHO."

Applicant's Signature: _____

Date: _____

FOR DEPARTMENT USE ONLY

Plan Review Submitted: (New construction or remodel only)

Yes

No

Certified Operator: Yes

No

Certification Date: _____

Licensed Approved: Yes

No

Fee: _____

Check #: _____

Receipt #: _____

Signature EHS

Date

TWIN FALLS OFFICE
1020 WASHINGTON ST. N.
TWIN FALLS, ID 83301-3156
PHONE: 734-5900 * FAX: 734-9502

HEYBURN OFFICE
485 Roger Avenue
HEYBURN, ID 83336
PHONE 678-8221 * FAX: 678-7465

GOODING OFFICE
255 NORTH CANYON DR
GOODING, ID 83330
PHONE: 934-4477 * FAX: 934-8558

JEROME OFFICE
951 E. AVE. 'H'
JEROME, ID 83338
PHONE: 324-8838 * FAX: 324-9554

BELLEVUE OFFICE
117 E. ASH ST.
BELLEVUE, ID 83313
PHONE: 788-4335 * FAX 788-0098

WEBSITE
WWW.PHD5.IDAHO.GOV