

## **Aquatic Facility Certificate Application**

Incomplete applications or applications without payment (if required), will not be processed.

Business Information												
Full legal name of owner, corporation, or non-profit												
Trade name (DBA)					Operator Name (on-site)							
Email												
Physical	address of	business										
	ate, Zip Cod											
-	Phone number			Other contact number (mobile, fax, etc.)								
Mailing address (if different from above) City, State, Zip Code												
Water Body Information (check all that apply)												
Pool		Spa		Therapy Pool		Splash F	Pad		Kiddie Pool		Fountain	
Volume (gallons)			Flow rate (G		PM)				Filter type			
Feeder model			Pump mode						Disinfectant			
Pueblo complie Enviror in my a	o County N ed with all nment, or lo iquatic facil	Model Aq orders giv ocal Board	uatic Hea en to me of Health.	Ith Code San by authorized I also agree in requirements	itary Sta inspecto the eve	ndards a ors of the nt regula	nd R e Pue tions	egulat eblo De are no	regulations ions for Aquat epartment of ot complied wi	ic Faciliti Public Ho th; I will	ies, and I ha ealth and not allow b	ave
Signature				Title		Date			Calendar Year			

Certificate fee(s)						
Туре	Fee					
Year-Round Water Body	\$350.00					
Additional Year Round Water Body (spa, splash pad, etc.)	\$100.00					
Seasonal Water Body	\$175.00					
Additional Seasonal Water Body (spa, splash pad, etc.)	\$50.00					
Fountain	\$75.00					

Payments by phone					
719-583-4307					
VISA and MasterCard are accepted					

## Send check/money order to

Pueblo Department of Public Health and Environment 101 W 9th Street Pueblo, CO 81003

## Questions call 719-583-4307