

**BUTTE COUNTY DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH**

202 Mira Loma Drive
Oroville, CA 95965
(530) 538-7281 or (530) 891-2727
FAX (530) 538-5339

APPLICATION FOR LICENSE TO OPERATE A PUBLIC SWIMMING POOL

Facility Name _____

Pool Location _____

Billing Address _____ **e-mail:** _____

Owner's Name _____ **Telephone** _____

Mailing Address _____ **e-mail:** _____

Property Management's Name _____ **Telephone** _____

Mailing Address _____ **e-mail:** _____

Manager/Contact's Name _____ **Telephone** _____

Address _____ **e-mail:** _____

Hours Manager Available FAX # _____

Number of Pools/Spas _____ **Date Pool(s) constructed** _____

Pool Type: Pool Spa Wading Pool Water Slide Special Use Pool Other _____

Water Supply for Pool: Community Private Well Other _____

Backwash Discharge: Sewer Ground Storm Drain Dry Well Other _____

I declare that to the best of my knowledge and belief, the above statements are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the insurance of this license and the operation of this public swimming pool.

Signature of Applicant _____ **Date** _____

DEPARTMENT USE ONLY

20_____ **Annual Fee:** _____ **Other Fee:** _____ **TOTAL FEE:** _____

Receipt # _____ Check # _____ Date _____ Comp # _____

Posted _____ By _____