



Waiver SR#

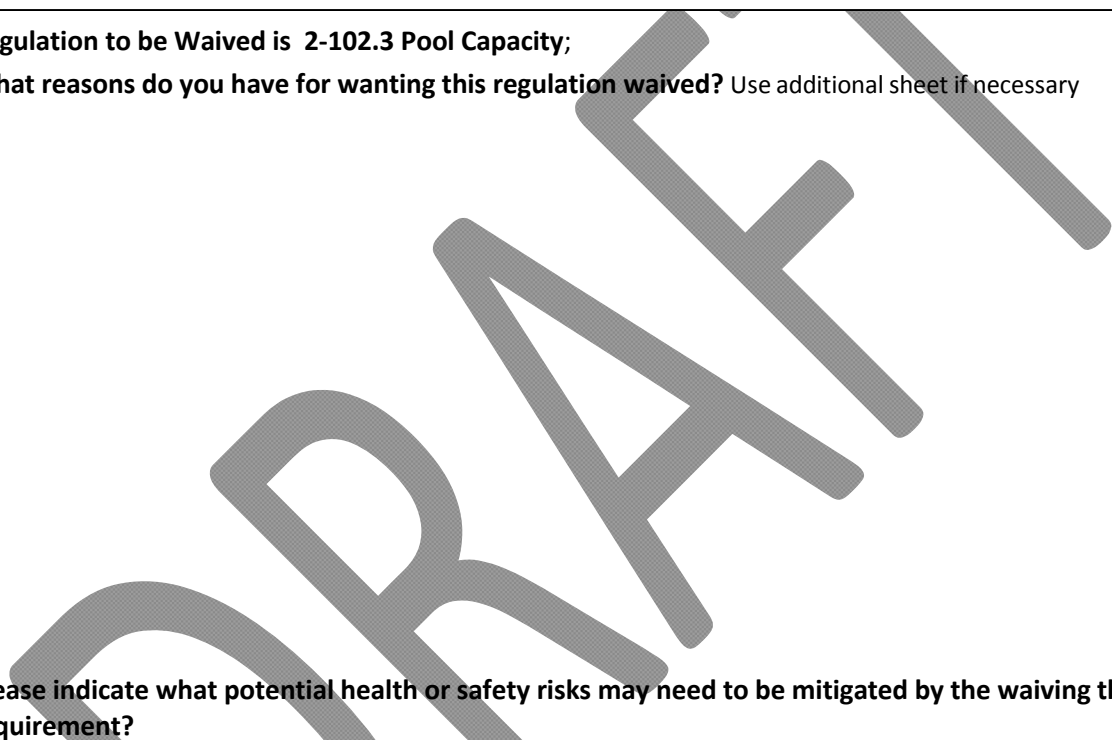
Aquatic Venue Pool Occupancy Regulatory Waiver Request Form

GENERAL INFORMATION

Business Name:	SNHD Permit Number:
Business Address:	Owner Name:
Contact Name:	Contact Phone Number:
Contact Email Address:	Date of Request:

USE OF WAIVER - All questions below **MUST** be answered or your application will not be processed.

1. Regulation to be Waived is **2-102.3 Pool Capacity**;
2. **What reasons do you have for wanting this regulation waived?** Use additional sheet if necessary



3. **Please indicate what potential health or safety risks may need to be mitigated by the waiving this requirement?**

- Providing and maintaining adequate supervision and staffing
- Meeting minimum disinfectant residual levels at all times
- Achieving proper disinfection following a contamination event
- Maintaining PH levels between 6.5 & 8.0
- Maintaining continuous operation of filtration equipment
- Maintaining visibility of the pool bottom (due to cloudiness, bather load, etc.)
- Maintaining GFCI-protected electrical receptacles on the pool deck
- Maintaining venue occupancy below the theoretical peak occupancy
- Broken glass or sharp objects in AQUATIC VENUE or on DECK area
- Mitigation of other insanitary or risk conditions:

4. How will you control for / mitigate these potential health risks? Use additional sheet if necessary

5. Will this waiver affect more than one location? Yes No
 If yes, list name(s) and SNHD permit number(s) for additional locations

Use additional sheet if necessary

SUPPORTING DOCUMENTS – Include any additional documentation needed to support your request.

- Operational Plans
 - Lifeguard Plans
 - Patron Rules
 - Hours of operation
 - Maintenance schedules
 - Statements(s) from professional engineers in support of the project design
 - Water quality studies
 - Maintenance records
 - Field Sanitation Certification for Equipment
 - Materials Testing Laboratory Results
 - Other documents intended to support the waiver request: _____
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Signature _____ Date _____
 Owner or authorized representative (documentation required)

4. How will you control for / mitigate these potential health risks? Use additional sheet if necessary

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