Waiver SR#			
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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 <i>MUST</i> be answered or your application will not be processed.	
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- 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 starting	ш
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:	П

Waiver SR#	
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Southern Nevada Health District	
1. How will you control for / mitigate these potential	health risks? Use additional sheet if necessary
5. Will this waiver affect more than one location?	
If yes, list name(s) and SNHD permit number(s)	or additional locations
Use additional sheet if necessary	
SUPPORTING DOCUMENTS – Include any ac	dditional documentation needed to support
your request.	
Operational Plans	
Lifeguard Plans	
Patron Rules	
Hours of operation	
Maintenance schedules	
Statements(s) from professional engineers in suppor	t 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 rea	quest:
Signature	Date

Owner or authorized representative (documentation required)



Aquatic Venue GENERAL 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. What is the Regulation you would like waived?
- 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	Ì
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	1
Maintaining visibility of the pool bottom (due to cloudiness, bather load, etc.)	1
Maintaining an approved water supply	
Maintaining GFCI-protected electrical receptacles on the pool deck	
Maintaining GFCI protection for underwater lighting	
Maintaining required lifesaving equipment on the pool deck	
Maintaining proper depth markings at the aquatic venue	
Controlling all Plumbing cross-connections	
Providing and maintaining an proper enclosure or barrier	
Assuring the use of only approved chemicals for treatment	
Proper maintenance and repair of submerged suction outlet covers	
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:	

Waiver SR#	
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Southern Nevada Health District	
4. How will you control for / mitigate these potential health risks? Use ac	dditional sheet if necessary
5. Will this waiver affect more than one location? □Yes □N	
5. Will this waiver affect more than one location? If yes, list name(s) and SNHD permit number(s) for additional locations	10
ii yes, list hame(s) and sivila permit hamber(s) for additional locations	
Use additional sheet if necessary	
SUPPORTING DOCUMENTS – Include any additional document	ntation needed to support
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Operational Plans	
Lifeguard Plans	
Patron Rules	
Hours of operation	<u> </u>
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:	
Signature	Date
Owner or authorized representative (documentation required)	