



Environmental Health Division - Aquatic Health Program  
(702) 759-0572 | WWW.SNHD.INFO | [aquatic@snhd.org](mailto:aquatic@snhd.org)

DATE RECEIVED:

### AQUATIC VENUE REGULATORY WAIVER APPLICATION

Facility/Location Name:		Permit Number:	PR
Facility/Location Address:		Mailing Address:	
Owner Name:		Phone Number:	
Contact Name:		Email Address:	
OFFICE USE:	FA	SR	Payment Received <input type="checkbox"/>
<b>Use of Waiver:</b> All questions below MUST be answered completely or your application will not be processed. Standard Operating Procedures and additional documentation must be submitted on company letterhead and signed by authorized personnel.			

- What is the Regulation you would like waived?** Refer to SNHD Aquatic Facility Regulations. Include the Regulation Section reference and a description of regulation:
- What reasons do you have for wanting this regulation waived?** Use additional sheet if necessary
- In general, what health and safety concerns or risks does this regulation address? What risks would be present if the requirements of this regulation are removed?** Answering "none" or "there are no risks" is not an acceptable answer:
- How will you control the risks listed above?** (Use an additional page if needed or refer to supporting documentation)
- Documentation included to support your waiver request:** Check all that apply

<input type="checkbox"/> Standard Operating Procedures	<input type="checkbox"/> Lifeguard plans
<input type="checkbox"/> Patron rules	<input type="checkbox"/> Hours of operation/Facility signage
<input type="checkbox"/> Maintenance schedules	<input type="checkbox"/> Statements from Design Professionals
<input type="checkbox"/> Water quality studies/reports	<input type="checkbox"/> Field sanitation certification for equipment
<input type="checkbox"/> Materials testing/laboratory results	<input type="checkbox"/> Other documentation

6. **Does this waiver affect more than one location?** ☐ No ☐ Yes (If yes, separate waiver applications may be required)  
Include SNHD Permit Numbers:

**Pursuant to 5-301, if a WAIVER is granted, failure to meet any WAIVER condition may result in immediate closure pending revocation of the WAIVER.**

Signature of Owner or  
Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_