



Waiver SR#

## Aquatic Venue GENERAL Regulatory Waiver Request Form

### GENERAL INFORMATION

Property Name:	SNHD Permit Number:
Property 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?** (Refer to SNHD Aquatic Facility Regulations):
- 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 be affected by waiving this requirement?**
- 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



Waiver SR#

**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: \_\_\_\_\_


**5-301 Conditions of a WAIVER**

The HEALTH AUTHORITY may grant a WAIVER by modifying or waiving the requirements of these Regulations if, in the opinion of the HEALTH AUTHORITY, public health and safety will not be impacted as a result of an APPROVED WAIVER. The HEALTH AUTHORITY may impose conditions relating to the prevention of IMMEDIATE HEALTH HAZARDS, as referenced in Section 5-6, upon the WAIVER. If the WAIVER is granted, the PERMIT HOLDER shall comply with all operational plans, procedures, and conditions stipulated in the WAIVER. If a WAIVER is granted, the HEALTH AUTHORITY shall retain the information. Presence of any IMMEDIATE HEALTH HAZARD may result in an immediate closure. Failure to meet any WAIVER condition may result in immediate closure pending revocation of the WAIVER.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Owner or authorized representative (documentation required)