



HEALTH DEPARTMENT

Environment Health / Tel 903-893-0131 / Fax 903-465-2978

SWIMMING POOL/SPA PERMIT APPLICATION

<u>ESTABLISHMENT</u>		OWNER			
Name:		Name			
Address:		Address:			
City:	State: Zip:				
Tel:	Fax:	Tel:		Fax:	
General Manager:		APPLICAN	T'S NAME		
E-Mail:					
Send renewal notice to: Estable				Date:	
Effective January 1, 2021 Texas C pools and spas shall be mainta Operator training and certificatio	ained under the supervisio	on and direction of a	properly trained and o	certified operator	
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