



**DAVIDSON COUNTY  
HEALTH DEPARTMENT**

Protecting, Caring, Serving Our County

Lillian Koontz, MPA, REHS  
HEALTH DIRECTOR

Rebecca Daley, RN, MHA  
CHAIR, BOARD OF HEALTH

Michael Garrison, MD  
MEDICAL DIRECTOR

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**APPLICATION FOR PRIVATE RECREATIONAL WATER FACILITY**

**Facility Information**

Facility Name: \_\_\_\_\_

Facility Physical Address: \_\_\_\_\_

Facility Parcel/Tax Identification Number: \_\_\_\_\_

Intended Facility Use: \_\_\_\_\_

\_\_\_\_\_

Dates of Operation: Opening Date \_\_\_\_\_ Closing Date \_\_\_\_\_

Hours of Operation: Opening Time \_\_\_\_\_ Closing Time \_\_\_\_\_

Water Supply Source(s): \_\_\_\_\_

Water Testing Method/Lab: \_\_\_\_\_

Lab Address: \_\_\_\_\_

Certified By: \_\_\_\_\_ Certification Number: \_\_\_\_\_

**Owner Information**

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Agent/Operator Information**

Name of Agent/Operator: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Application Submitted By:**

Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_