

**RENEWAL OF DETAILS OF A PUBLIC SWIMMING POOL**  
**Health (Miscellaneous Provisions) Act 1911**  
**Health (Aquatic Facilities) Regulations 2007**



The City of Karratha is committed to working towards a paperless environment and reducing our environmental footprint, therefore we encourage you to complete and submit your application electronically.

APPLICANT DETAILS					
Name:					
Premises name:					
Premises address:					
E-mail:					
Postal address:					
Phone number:			Mobile number:		
DESCRIPTION OF SWIMMING POOL (please tick the boxes that apply)					
Type	Classification		Other	Yes	No
<input type="checkbox"/> 25m pool	<input type="checkbox"/> Group 1 Aquatic Facility		Automatic dosing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 50m pool	<input type="checkbox"/> Group 2 Aquatic Facility		Indoor	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hydrotherapy	<input type="checkbox"/> Group 3 Aquatic Facility		Outdoor	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Main Pool	<input type="checkbox"/> Group 4 Aquatic Facility		Heating	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Second Main Pool	<input type="checkbox"/> Group 5 Aquatic Facility		Stabilised	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spa	Disinfection				
<input type="checkbox"/> Splash Pad	<input type="checkbox"/> Bromine	<input type="checkbox"/> UV			
<input type="checkbox"/> Toddler Pool	<input type="checkbox"/> Chlorine	<input type="checkbox"/> Ozone			
<input type="checkbox"/> Other _____	<input type="checkbox"/> Salt				
DECLARATION					
I/we declare that all details in this form are true and correct.					
Signature:			Date:		