**Operation Plans**

**Floatation System Facility Construction Permit Application**

Submit this form and other required application items electronically to: [WaterRecreation@doh.wa.gov](mailto:WaterRecreation@doh.wa.gov)

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|  | **Facility Information** | | | | | | | | | | | | | | |  |
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|  | Facility Name: |  | | | | | | | Facility Owner: |  | | | | | |  |
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|  | Physical Address: |  | | | | | | | | | | | | | |  |
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|  | **Pump Operation Plan** | | | | | | | | | | | | | | |  | |
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|  | Provide the procedures for turning the recirculation pump on and off for each floatation system in the facility to prevent accidental operation of the pump when bathers are in the tank. Describe in detail:   * Who has access to the switch? * Where is the switch? * How is the switch protected? * How do you make sure that there is no one in the tank? * How do you make sure that you are turning the correct pump on/off? | | | | | | | | | | | | | | |  | |
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|  | **Contamination Response Plan** | | | | | | |  |
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|  | Provide details on how you respond to contamination events in a floatation system with feces, vomit, blood, sewage, or hazardous or unknown material (including immediately closing the tank to the public, draining the tank, and cleaning and sanitizing the tank surfaces and other affected areas until free of the hazardous material). Describe in detail:   * Step by step procedures. * Tools and products used. * Recordkeeping. | | | | | | |  |
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|  | **Emergency Response Plan** | | | | | | |  |
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|  | Provide details of your emergency response plan. Describe in detail:   * Evacuation procedures. * Rescue procedures. * EMT contact procedures. * Location of emergency phone and first-aid kit. | | | | | | |  |
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|  | Periodically review your plan to effectively respond to emergencies, such as injury, sudden illness, fire, UV lamp breakage, toxic gas leakage (ozone gas), and natural disasters. The owner shall provide the following on site at all times:   * A telephone within the facility. * A fully stocked standard 16-unit first-aid kit. * A blanket reserved for emergency use. | | | | | | |  |

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|  | **Float Water Treatment Plan** | | | | | | |  |
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|  | Provide details on how float water remains clean and safe for bathers. You must include the following information in this plan:   * Devices that treat the float water and how you maintain them. These include but are not limited to UV lamps, ozonators, advanced oxidation devices, and filters. * Routine maintenance and calibration of treatment methods and testing devices. * The duration of recirculation and the number of volumetric turnovers between bathers and the design flow rate. * Any chemicals or physical means used to control pH, to oxidize the float water, or any other purpose not directly related to the treatment method. * Routine cleaning inside the tank between bathers. * The method and frequency of complete drainage of each tank and reservoir, cleaning procedures, and refilling with fresh potable water and Epsom salt. | | | | | | |  |
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|  | **Bacteriological Testing Plan** | | | | | | |  |
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|  | Provide details of your bacteriological testing plan. You must include the following information in this plan:   * The contact information for the laboratory chosen. * Sampling protocol specified by the laboratory. * How samples are collected and what equipment is used to collect samples. * When samples are collected. * Who collects the samples. * How the results of tests will be shared with the Washington State Department of Health and local health department. * How the owner will respond to test results that do not meet the bacteriological standards. | | | | | | |  |
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