



# Public Swimming Pools/Spas

## Public Health Environmental Health Services

### Drained Pools/Spas

The San Bernardino County Department of Public Health Environmental Health Services (EHS) has established a separate health permit category for drained swimming pools and spas with a minimal fee. The health permit fee covers the cost of an annual inspection that ensures the area surrounding the pool/spa is properly maintained to prevent safety hazards. During the annual inspection, the inspector verifies the following:

- The fencing is secure and gates are kept locked,
- The pool/spa is free of water at all times to prevent mosquito breeding and eliminate drowning hazards, and
- Other conditions that may cause a public nuisance are corrected.

If there are no future plans to use the pool/spa, EHS strongly recommends proper demolition. This is accomplished by obtaining a demolition permit from the local building department. Once proof of demolition is provided to EHS, a health permit will no longer be required.

To qualify for a drained pool/spa permit, operators must complete and submit the application. EHS will review the application and upon approval, the pool/spa will be reclassified into the drained pool/spa permit category.



For additional information, please contact EHS:  
Email: [EHS.CustomerService@dph.sbcounty.gov](mailto:EHS.CustomerService@dph.sbcounty.gov)  
Chat & Website: [ehs.sbcounty.gov](http://ehs.sbcounty.gov)  
Text or Phone: 800.442.2283  
Fax: 909.387.4323



## APPLICATION FOR A DRAINED SWIMMING POOL/SPA PERMIT

THIS SECTION TO BE COMPLETED BY APPLICANT • HEALTH PERMITS ARE NOT TRANSFERABLE			
POOL/SPA INFORMATION			
Facility Name:	Email:		
Pool/Spa Street Address:	City:	State:	Zip:
Pool/Spa Location (i.e. Front office, east, west, etc.):			
Type of Recreational Health Facility: <input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Wading Pool <input type="checkbox"/> Other:			
Reason why swimming pool/spa is drained:			
Date swimming pool/spa was drained:			
Explanation of safety measures that will be taken to prevent access to the pool/spa enclosure:			
OWNER INFORMATION			
Name of Owner:			
Mailing Address:	City:	State:	Zip:
Contact Person:		Phone Number:	
OPERATOR (ON-SITE MANAGER) INFORMATION			
Name of Manager:		Phone Number:	
Mailing Address:	City:	State:	Zip:
<b>Indemnification:</b> The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782.			
DECLARATION AND SIGNATURE			
By signing this document you agree to and acknowledge all of the following: the area surrounding the pool/spa is fenced/secure and kept locked to prevent a potential safety hazard, the pool/spa is not a public nuisance and it is kept free of water at all times to prevent mosquito breeding. Routine inspections will be conducted by EHS (required to ensure health and safety of the public), and a valid EHS health permit must be maintained (permits will be inactivated only upon proper demolition of the pool/spa). The pool/spa cannot be reopened for use until all current State and Local requirements are met. Prior to opening a drained pool, plans must be submitted to EHS for review and approval. Final approval by EHS is required prior to reopening the pool/spa for use.			
<input type="checkbox"/> <b>Electronic Signature Only</b> By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.			Date:
Signature:			
Print Name:		Title:	
For Office Use Only			
FA Number:	Record ID:	Designated Employee:	Fee:
PE Number:	Service Request:	Received By:	Date: