



**EXISTING PUBLIC WATER RECREATION FACILITY
SUCTION ENTRAPMENT REPAIR
APPLICATION**

Cashier's Office Paid Stamp

RETURN APPLICATION AND APPLICABLE FEE TO:

Saint Louis County Department of Health
Environmental Protection
111 S. Meramec, 2nd Floor
Clayton, MO 63105

Phone: 314-615-8900

Fax: 314-615-8951

FEE SCHEDULE:

- \$50 FOR ONLY GRATE REPLACEMENT (Altering Section 2.13.1only)
- \$150 FOR ANY OTHER ENTRAPMENT REPAIR WORK (may include 2.13.1)

PROJECT NAME: _____ PHONE: _____

PROJECT ADDRESS, CITY AND ZIP: _____

OWNER NAME: _____ PHONE: _____

OWNER ADDRESS, CITY AND ZIP: _____

APPLICANT NAME: _____ PHONE: _____

COMPANY ADDRESS, CITY AND ZIP: _____

I verify that I am the owner/operator or authorized representative of the above named public water recreation facility and that I have had the facility inspected for compliance with Section 2.13 of the Saint Louis County Public Water Recreation Facilities Code. As a result of that inspection, the facility does not meet the requirements currently, but the proposed changes will bring the facility into compliance as required.

APPLICANT SIGNATURE: _____ EMAIL: _____

CHECK WHEN REPAIRS WILL BE COMPLETED:

_____ BY DECEMBER 31, 2009 _____ BEFORE REOPENING AFTER DECEMBER 31, 2009

- ATTACH YOUR PLAN TO BECOME COMPLIANT WITH SECTION 2.13.
- LIST THE SUBMERGED SUCTION OUTLETS AT YOUR FACILITY INCLUDING MAIN DRAINS, SKIMMER EQUALIZERS, RECIRCULATION OUTLETS FOR SLIDES AND PLAY FEATURE, ETC:
- WHICH SAFETY REPAIR(S) WILL BE MADE FOR THE SUCTION OUTLETS? (CIRCLE ALL THAT APPLY)
- DOES THE FACILITY HAVE COMPLIANT SUBMERGED OUTLETS, THE FIRST LAYER OF SAFETY (AIMED AT ELIMINATING ENTRAPMENT, ENTANGLEMENT AND EVISERATION)?
 YES THE FACILITY HAS COMPLIANT GRATE(S), FITTING(S), FASTENER(S) AND SUMP(S).
 NO THE SPECIFICATION SHEET FOR THE COVER/GRATE AND THE DIMENSIONS OF THE SUMP ARE ATTACHED.
- WHAT 2ND LAYER OF SAFETY IS BEING USED TO REDUCE SUCTION ENTRAPMENT (AIMED AT ELIMINATING THE INCREASE OF VACUUM PRESSURE ON AN OBJECT BLOCKING A COVER/GRATE)?
 A. A single outlet equipped with an eighteen by twenty-three inches (18"X23") or larger grate.
 B. A minimum of two outlets spaced at least three feet (3) apart.
 C. A single outlet protected by a safety vent pipe or a safety vacuum release system.
 D. Or other method approved by the Director. (ATTACH OTHER METHOD FOR APPROVAL)
- IS THIS 2ND LAYER OF SAFETY INSTALLED ALREADY? YES NO

ATTACH THE SPECIFICATION SHEET OF THE SVRS, IF APPLICABLE OR A DIAGRAM OF THE LARGE OR MULTIPLE OUTLET(S).

