St. George Regional Water Reclamation Facility
3780 South 1550 West * St. George, Utah * 84790
Phone (435) 634-5849 * Fax (435) 634-5846
Swimming Pool
Wastewater Discharge Questionnaire

Date: ___________________________

Applicant: New: _____ Existing: _____

Name of Pool Contractor: ____________________________ Phone: ________________

Name of Pool Owner/Contact: ___________________________________________

Swimming Pool Address: ________________________________________________

_______________________________________________________________________

Phone Number: _______________________________________________________

Email: ________________________________________________________________

Form Completed By: ____________________________

Name: ________________________________________________________________

Title: _________________________________________________________________

I. General Information

A. Type of Pool (Check all that are applicable)
   Commercial _____ Multi Family Complex/Development _____
   Single Family _____ Other (Explain): ________________________________

B. Days of Week of Operations: S____ M____ T____ W____ Th____ F____ S____

C. Hours of Operation: ________________________________________________

D. Pool Volume (Gallons): _____________________________________________
E. Is there any wastewater discharge from this Swimming Pool into the sanitary sewer system?

Yes: _______________  No: _______________

Note: It is prohibited to drain a swimming pool into the sanitary sewer as specified in St. George, Utah City Ordinance 8-4-2(A)(1)(l).

II. Discharge Overview

A. Briefly describe the sanitizing and other products used in the Swimming Pool and give average concentration (ppm) for each.

B. Briefly describe how often the pool will be discharged into the sanitary sewer.

C. Amount in gallons to be discharged to the sewer each time?

D. Provide details of pool equipment (pump, filters, pipe, etc.) including make/model, quantity, and size. (Attach additional pages as necessary)

E. Describe any chemicals used or stored on site. (Attach additional pages as necessary)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate information submitted. Based on my inquiry of the person or people who manage the system, or those people directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

________________________________________  ________________
Signature of Authorized Representative       Date