



Creating
a State
of Health

**PROTECTIVE
HEALTH
SERVICES**

Oklahoma State Department of Health
Consumer Health Service
1000 NE 10th Street
Oklahoma City, OK 73117-1299
Telephone: (405) 271-5243 || Fax: (405) 271-3458
Web: <http://cpd.health.ok.gov>

**PUBLIC BATHING PLACE FACILITY
Deviation Request Form**

(This form must be submitted for each separate public bathing pool/spa/etc application.)

OAC 310:315-3-1(g) Deviations. Deviations from this chapter may be allowed by the Department upon a finding by the Department that the operation, maintenance, safety, and sanitation of the pool will not be adversely affected by the deviation. No deviation will be allowed unless it is noted on the construction permit. No deviation from approved plans and specifications is permissible unless and until an amended permit has been granted.

Please clearly print or type.

I) FACILITY INFORMATION

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____ County: _____

II) DEVIATION INFORMATION

This form may be used to list multiple deviations on a single public bathing place venue/application. Additional pages may be added as needed.

A) Nature of / Reason for Requested Deviation(s) (please describe):

1.) _____

2.) _____

3.) _____

B) The requested deviation(s) must not adversely affect the operation, maintenance, safety, and sanitation of the bathing facility. Please describe how this will be accomplished (include policies, procedures, equipment, etc.):

1.) _____

2.) _____

3.) _____

C) Cite the specific Public Bathing Place Standards (OAC 310:315) section(s) relevant to this variance:

- 1.) _____
- 2.) _____
- 3.) _____

III) ENGINEER INFORMATION

Engineer Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Primary Phone: _____ Alternate Phone: _____

E-mail Address: _____

Official Stamp:



Signature: _____

Date Signed: _____

IV) OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

E-mail Address: _____

Signature: _____ Date Signed: _____

*******OSDH AGENCY USE ONLY BELOW THIS POINT. DO NOT COMPLETE.*******

DEVIATION REQUEST STATUS: APPROVED DENIED (INCLUDE NOTES BELOW):

AGENCY REPRESENTATIVE: _____

NOTES: _____
