Facility Name ________________________________       Service Request ______________________

Use this checklist to prepare a complete floatation tank plan review packet. Check off items as you complete them. Provide items in the order listed. Make a copy of your plan review packet for your records.

Submit a completed supplemental floatation tank checklist and forms with a completed water recreation facility plan review packet. Fees are non-refundable.

<table>
<thead>
<tr>
<th>#</th>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Waste Water Disposal</td>
<td>Attach the completed form signed by your sewer utility company or provide the contact information for your pumping company.</td>
</tr>
<tr>
<td>2</td>
<td>Floatation Tank Plan Review Questions</td>
<td>Complete the plan review questions about this project.</td>
</tr>
<tr>
<td>3</td>
<td>Statement of Efficacy and Safety</td>
<td>Provide a letter from disinfectant device manufacturer(s) that states the device(s) to treat float water will work effectively and safely.</td>
</tr>
<tr>
<td>4</td>
<td>Laboratory Agreement</td>
<td>Provide a letter from an approved laboratory certified by the Washington State Department of Ecology that states they will test your float water samples.</td>
</tr>
</tbody>
</table>
|    | Operation Plans                            | Contamination Response Plan  
- Provide a plan on how the facility will respond to contamination events.  
Emergency Response Plan  
- Provide a plan on how the facility will respond to emergencies that would require evacuating the facility, such as fire, natural disasters and ozone leaks.  
Float Water Treatment Plan  
- Provide a plan on how float water, disinfection equipment and float tanks will be maintained and cleaned.  
Bacteriological Testing Plan  
- Provide a plan on how float water will be tested. |
| 5  | User Agreement and Advisory               | User agreement/acknowledgement  
- Provide the user agreement/acknowledgement you will use.  
User advisory statement  
- Provide the advisory statement you will use. |

I understand I cannot open this water recreation facility until I have received written approval from Tacoma-Pierce County Health Department, obtained all operating permits and have been inspected and approved by all applicable city, county and state agencies.

Signature ________________________________________________________       Date  _________________________
This page intentionally left blank.
Facility Name ______________________________________________________

Facility Information (to be filled out by owner)

Number of floatation tanks at facility: ______________

Total gallons of float water: ________________

Floatation tanks are projected to be drained ________ time(s) per year.

Submit the following information in addition to the sewer/septic verification form.

Complete either Section A or B below.

Section A—My facility will have a sewer connection. Have your utility company fill out this portion.

I, __________________________, the undersigned public utility representative, agree and acknowledge to accept float water (water that is heavily saturated with magnesium sulfate) from __________________________ (float facility).

Signature: __________________________________

Title: ______________________________________

Phone: __________________________

Email: ______________________________

Agency: __________________________________

Section B—My facility will have a septic system and waste water will be pumped.

I, ____________________________, the undersigned owner, have contracted with the following pumping company:

Company Name: ______________________________________________

Phone: ______________________________

Email: ______________________________
This page intentionally left blank.
Facility Name

1. Type of floatation tank:
   - Pod (fully enclosed)
   - Premanufactured Cabin (not fully enclosed)
   - Site-Built Cabin
   - Other: _____________________________

2. Volume of floatation tank water (in gallons). ________________

3. Target float water temperature. _________________________

4. Target float water specific gravity. ________________________

5. □ Yes □ No Is there more than one bather allowed in the floatation tank at one time?

6. Time between bathers for cleaning/filtration of the floatation tank. ____________________

7. Describe how the pump is turned on and off? (Note: Automatic start-up is not allowed.)
____________________________________________________________________________________________
____________________________________________________________________________________________

8. Type of treatment method used: (Select all that apply)
   - UV Device
   - Corona Discharge Method UV Device
   - Advanced Oxidation Device
   - Salt Chlorine Generator
   - UV Ozone Device

9. How will the floatation tank(s) be ventilated?
____________________________________________________________________________________________
____________________________________________________________________________________________

10. How will the floatation tank room(s) be ventilated?
____________________________________________________________________________________________

11. What floatation tank information is recorded daily?
____________________________________________________________________________________________
____________________________________________________________________________________________

12. How long are floatation tank records kept?
____________________________________________________________________________________________
____________________________________________________________________________________________

13. What is the maximum shower temperature? ________________
This page intentionally left blank.
Floatation Tank
Statement of Efficacy and Safety

This statement is for floatation system treatment device(s) that will be used at the below facility. These devices must be correctly installed, maintained and operated according to manufacturer recommendations.

Facility

Facility Name _____________________________________  Owner Name __________________________________
Address ___________________________________________________________________________________________

Treatment Device

Manufacturer _____________________________________  Model ________________________________________

Conditions Under Which the Device will be Used

Floatation system minimum flow rate (dirty filter) _______________ Gallons per minute

Floatation system volume _______________ Gallons

Duration of recirculation _______________ Minutes

*Turnovers = Dirty filter flow rate × Duration of circulation ÷ Volume

Floatation system minimum number of volumetric turnovers* between bathers _______________

Statement of Efficacy and Safety by the Manufacturer

I, ____________________________________________ (manufacturer name), the undersigned manufacturer, state the above floatation system treatment device will function as intended in an effective and safe manner at the above facility.

_________________________________________________________________________________________   ______________________________
Manufacturer Signature                                           Date

Bacteriological Standards

The owner must maintain float water quality according to the following criteria. For lab testing purposes, items (a and b) or (a and c) must be performed.

a. Heterotrophic plate counts may not exceed 200 bacteria per milliliter.
b. Total coliform may not exceed an average of 1 coliform per sample of 100 milliliters when using the membrane filter technique.
c. Total coliform may not exceed 2.2 bacteria per sample of 100 milliliters of water when using the most probable number (MPN) technique.
This page intentionally left blank.
Float Water Sample Test Requirements

A lab certified by Washington Department of Ecology must agree to test float water samples from your facility, as detailed below.

I, ________________________________ (lab representative), the undersigned representative, verify that ________________________________ (lab name) agrees to test float water samples provided by ________________________________ (facility name) using the following methods.

Float water will be tested by performing (a and b) or (a and c).

- a. Heterotrophic plate counts (CFU per milliliter).
- b. Total coliform test by membrane filter technique (CFU per 100 milliliters).
- c. Total coliform test by the most probable number (MPN) technique (CFU per 100 milliliters).

______________________________________________________ ______________________________
Lab Representative Signature Date

Sample Collection Requirements

I, ________________________________ (facility owner), the undersigned owner, agree to:

- Take float water samples from each tank once a month for the first six months after opening the business. If all samples meet all bacteriological standards for six months, testing frequency may be reduced to every six months.

- Follow all sampling procedures specified by the lab.

- Take samples of float water that has been in use at least ten float sessions.

- Share all test results with the Health Department, within 48 hours of receiving them.

______________________________________________________ ______________________________
Facility Owner Signature Date
This page intentionally left blank.
Facility Name ________________________________________________________________

Contamination Response Plan

Explain how you will respond to contamination in a floatation system from feces, vomit, blood, sewage or hazardous or unknown material. Include immediately closing the tank to the public, draining the tank, cleaning and sanitizing tank surfaces and other affected areas until free of contamination. Describe in detail:

- Step by step procedures.
- Tools and products used.
- Recordkeeping.
Emergency Response Plan

Explain in detail how you will respond to an emergency, like injury, sudden illness, fire, UV lamp breakage, toxic gas leak (ozone gas) or natural disaster. Include:

- Evacuation procedures.
- Rescue procedures.
- Location of emergency phones, blankets and first aid kits.
Float Water Treatment Plan

Explain in detail how float water will remain clean and safe for bathers. Include:

- Devices that treat float water and how they are maintained, including (but not limited to) UV lamps, ozonators, advanced oxidation devices and filters.
- Routine maintenance and calibration of treatment methods and testing devices.
- 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, oxidize float water or for any purpose not directly related to the treatment method.
- Routine cleaning inside the tank between bathers.
- Method and frequency of complete drainage of each tank and reservoir, cleaning procedures and refilling with fresh potable water and Epsom salt.
Bacteriological Testing Plan

Describe in detail your bacteriological testing plan. Include:

- Sampling protocol specified by the laboratory.
- Equipment and procedure used to collect samples.
- What time during the day samples are collected.
- Who collects samples.
- How test results are shared with the Health Department and Washington State Department of Health.
- How you respond to test results that do not meet bacteriological standards.
Facility Name ____________________________________________

Before using the facility for the first time, bathers must sign a user agreement clearly stating:

- People with a contagious illness (including skin or respiratory conditions) or who have vomited or had diarrhea within the last two weeks cannot use the facility.
- People under the influence of drugs or alcohol cannot use the facility.
- People must take a cleansing shower before and after each float session.
- People with seizure, heart or circulatory problems should consult their physician before using the facility.

Before using the facility for the first time, bathers must sign a user advisory clearly stating:

- No chemical disinfectant for floatation systems is currently registered with the United States Environmental Protection Agency.
- Float water is treated for health and safety as approved by the Health Department.
- It is uncertain whether this treatment method is effective.
- Float water quality is monitored by periodic bacteriological testing.

Will you use the below example User Agreement and Advisory at your facility?

☐ Yes.
☐ No. I have uploaded my own version of the User Agreement and Advisory as a separate attachment.

User Agreement and Advisory

I, ________________________________________________________, the undersigned bather, have read, understand and agree to the following statements about float tank use and the treatment of float tank water.

- I will not use this facility if I have a contagious illness (including skin or respiratory conditions) or have vomited or had diarrhea within the last two weeks.
- I will not use this facility if I am under the influence of alcohol or drugs.
- I will take a cleansing shower before and after each float session.
- I understand that I should consult my physician before using this facility if I have seizure, heart or circulatory problems.
- No chemical disinfectant for floatation systems is currently registered with the United States Environmental Protection Agency.
- Float water is treated for health and safety as approved by the Health Department.
- It is uncertain whether this treatment method is or is not effective.
- Float water quality is monitored by periodic bacteriological testing.

Signature__________________________________________________          Date_____________________________