



# City of Covina

Environmental Services Section  
125 E. College St., Covina, CA 91723  
626) 384-5480 • Fax (626) 384-5479

Office Use Only	
Date Approved:	
Permit No.:	
Permit Approved By:	

## Swimming Pool Drainage Permit Application (Must be returned to the Environmental Services Section, City Hall)

Site of Pool to be Drained		
Property Owner/Tenant Name:		
Address:		Application Date:
Cross Street:		Phone:
Pool Service/Repair Company Information		
Business Name:		
Business Address:		
Contact Name:		
Business Phone:		Business License Number:
Pool Test Conditions (to be filled out on site by City inspector)		
	Test Result	Required Follow Up
<input type="checkbox"/> Chlorine	_____	_____
<input type="checkbox"/> pH (between 6.5 and 8.5)	_____	_____
<input type="checkbox"/> Dirt	_____	_____
<input type="checkbox"/> Leaves/Debris	_____	_____
<input type="checkbox"/> Algae	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
Reason for draining:		
Repairs being done and duration:		
Date(s) of draining:		

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE PRECEDING AND AGREE TO COMPLY WITH THE COVINA MUNICIPAL CODE AS WELL AS ALL COUNTY, STATE, AND FEDERAL LAWS PERTAINING TO THE EXECUTION OF THIS PERMIT. I ALSO CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_