



Public Interactive Water Feature (PIWF) Permit Application

Application Date: _____

Health Compliance Department
410 N. Tennessee St | McKinney, TX 75070
2606 P: 972-547-7440 | F: 972-547-2606
HealthInfo@McKinneyTexas.org

- Form **MUST** be completed before Health Permit(s) are issued.
- Failure to update contacts, emails and phone numbers as they change could result in additional fees and delay of permit.

Site Information

Name of PIWF		Address:	
Manager:	Office #:	Cell #:	
Driver's License #:	Email:		
Property Owner / Corp:	Office #:	Cell #:	
Address (including City/State/Zip):	Email:		

Fee: \$250.00

Make checks payable to:
City of McKinney
P.O. Box 517
McKinney, TX 75070

Water System Information

Type of automatic disinfectant and pH feed equipment used: _____

Turnover rate of PIWF: _____

Type of Supplemental Water Treatment System for control of Cryptosporidium infection:

UV Light	Ozone	Other: _____
Other: _____		

I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. FALSIFIED INFORMATION MAY RESULT IN THE REVOCATION OF THIS PERMIT AND THE ISSUANCE OF MUNICIPAL CITATIONS. ANY CHANGES WILL BE PROMPTLY FORWARDED TO THE HEALTH COMPLIANCE DIVISION.

Applicant Name (Printed)	Applicant Signature
Contact Phone	Driver's License #
Applicant is: Business Owner	Manager Other: _____