



POOL AND SPA LICENSE RENEWAL INFORMATION

Pool and Spa License Renewal Invoice and fees are due in this office or must be postmarked by December 31, 2024. Your Renewal Invoice will be sent to you via email the first week of November 2024. Please be sure your renewal invoice is completed, signed, and returned to this office with the appropriate fee. **Payments are accepted in the office between the hours of 8:30 AM to 4:30 PM Monday through Friday.**

There are several ways to pay:

Online: <https://myhealthdepartment.com/or-washington-county>

By Mail: Check or Money Order Only, No Cash

In Person: Cash, Credit/Debit Card, Check or Money Order

Drop Box: Check or Money Order Only (Located outside Suite 170)

Licenses are not transferable. If a change of ownership has occurred, please contact our office at 503-846-8722 or by email: EHApplications@Washingtoncountyor.gov

EXPIRED LICENSES DO NOT HAVE A GRACE PERIOD

To reinstate an expired license, applicant must pay a late fee of \$98 in addition to the license fee. The late fee increases by \$98 on the first day of each succeeding month until the license is reinstated. **After March 1, 2025, unpaid facilities will be subject to administrative action up to and including citation. Seasonal licenses must be renewed before the pool/spa is opened for the season.** A late fee of \$98 will be assessed for each month of license delinquency after the pool/spa is open for the season.

NOTE: Licenses will not be reinstated until license fees are paid, all required forms are returned, and accounts are current.

Operating a pool and/or spa without a Pool and/or Spa License is a violation of Oregon Revised Statute 448.035 (1), specifically: *"No person shall operate or maintain a public swimming pool, public spa pool, public wading pool or bathhouse without a license to do so from the Department of Human Services."*

TO RENEW YOUR LICENSE:

- Review** the information on the top of the renewal invoice.
- Update** information as needed per instructions on renewal invoice.
- Sign, Print Name,** and **Date** the renewal invoice on the lines provided.
- Return** the renewal invoice and appropriate fee before **December 31st**, either by email, mail, or in person, to the Washington County Environmental Health Program.

To fill out the Pool Customer Satisfaction Survey, click [here](#).

If you need additional information, please contact this office at (503) 846-8722 or by email:

EHLicensesRenewals@washingtonty.or.gov