



## Instructions for the Public Swimming Pool / Public Spa Operating Permit Application

**FACILITY INFORMATION:** This is the information relating to the pool or spa. The name of pool / spa will be the name of the facility as you would like it to be listed on the permit. Address of facility is the street address where the pool or spa is located.

**OWNER INFORMATION:** This information relates to the pool owner. If the pool is owned by a homeowners association or a condominium association place the name of the association next to "Name" and provide the preferred contact person next to "Contact Person."

**MANAGEMENT INFORMATION:** If the facility has a property management company please fill this area in with all the required information. All official correspondence will be sent to the management company.

**POOL / SPA CERTIFIED OPERATOR INFORMATION:** If a pool management company is responsible for the day-to-day operation of the pool, provide their information here. In addition, on a separate sheet of paper provide all the certified operators working under the company name that the Health Department may have contact with. If a pool management company does not run the pool, provide the name, email address and phone number of the individual operator responsible for the day-to-day operation. If facility has more than one operator please provide their names on an additional sheet.

**FACILITY DATA SHEET:** A facility data sheet is included with every application and must be completed in full. The application will not be considered complete unless this is included and could make the application subject to late fees. The purpose for this data sheet is to verify that the pool / spa equipment was not altered or replaced without the proper approvals. It will also provide our office with information regarding the Virginia Graeme Baker Act and suction outlet compliance. Please fill out the right side of the data sheet with the required information. If you need help filling this out, please contact your pool professional.

**ADA AFFIDAVIT and WORKERS' COMPENSATION:** These are separate pages. They must be completed and submitted with the permit application every year. It may be on a single page so please turn the page over if needed.

**APPLICATION FEES:** Year round pool / spraypad \$440    Year round spa \$300    Year round wading pool \$300  
Seasonal swimming pool/ spraypad \$220    Seasonal Spa \$165    Seasonal wading pool \$165

**MISCELLANEOUS INFORMATION:** Permits are not transferable from one owner to another. Mail the fully completed permit application with a check made payable to **Worcester County Commissioners** for the appropriate fee to Worcester County Health Department, Office of Environmental Health, 13070 St. Martin's Neck Road, Bishopville, MD 21813. If you have any questions regarding this application please call our office at 410-352-3234 or 410-641-9559. If you would like this application in a digital format please email Bart Dorsch at Bart.Dorsch@Maryland.gov.



**Worcester County Health Department  
Office of Environmental Health  
Application for Public Swimming Pool / Public Spa Operating Permit**

Application is hereby made for a permit to operate a public swimming pool in accordance with Maryland State Department of Health Regulations COMAR 10.17.01 "Public Swimming Pools and Spas"

**Mark the type of facility you are making application for with an X**

Year Round Swimming Pool / Spraypad	\$440.00	Seasonal Swimming Pool / Spraypad	\$220.00
Year Round Spa	\$300.00	Seasonal Spa	\$165.00
Year Round Wading Pool	\$300.00	Seasonal Wading Pool	\$165.00

*Seasonal facilities must operate less than 6 months*

**Facility Information**

Name of Pool / Spa: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Facility: \_\_\_\_\_ City: \_\_\_\_\_

Opening Date / Closing Date: \_\_\_\_\_ / \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

**If operating after 8:00pm illumination must comply with COMAR 10.17.01.32**

Access to site: combination \_\_\_\_\_  key provided  on site operator

**Owner Information**

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

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**This address will be used for official correspondence if no management information is provided**

**Management Information**

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**This address will be used for official correspondence**

**Pool/ Spa Certified Operator Information**

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**If company or property has multiple operators, please include all names on a separate sheet**

**Mark the following with an X, if all are not included, application will not be processed and may be subject to late fees.**

<input type="checkbox"/> Payment included	<input type="checkbox"/> Facility Data Sheet included
<input type="checkbox"/> Workers' Compensation form included	<input type="checkbox"/> ADA affidavit included

*I do hereby certify that the above information is correct and agree to maintain this facility in accordance with the regulations and guidelines formulated by the Maryland Department of Health governing construction, operation and maintenance of public swimming pools and spas.*

Owners Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED  BY: _____ Date: _____	<b>Office Use Only</b>	Permit ID: _____ Date Issued: _____ Expiration Date: _____
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## Facility Data Sheet

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

Facility Type (please X):      ( ) Wading Pool      ( ) Spa      ( ) Spray Pad

( ) Swimming Pool    ( ) Therapy Pool      ( ) Water Recreational Attraction

Gallons	
Water Depth (shallow to deep)	
Surface Area (in square feet)	
Maximum User Load	
Filter Type (Sand, Cartridge, DE)	
Filter Make and Model #	
Turnover Rate (Max / Min)	
Disinfectant Feeder Make and Model #	
Disinfectant Type (Chlorine, Bromine, Salt, Etc.)	
Pump Make and Model #	
Pump Motor Horsepower and Service Factor	
Feature / Jet Pump Type and Model#	
Feature / Jet Pump Motor Horsepower and Service Factor	
Make and Model # of Main Drain Cover with Replacement Date	
Make and Model # of Feature/ Jet Cover with Replacement Date	
Make and Model # of Equalizer Cover With Replacement Date	