

CALVERT COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
P.O. BOX 980
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Fax# 410-535-5252
www.calverthealth.org

OFFICE USE
License #: _____
Received: _____
Fee Paid: _____
<input type="checkbox"/> Check _____ <input type="checkbox"/> Cash _____
Approved Date: _____
Approved By: _____

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

YEAR-ROUND POOL FEE: \$570.00 **SEASONAL POOL FEE: \$290.00**

NAME OF POOL/SPA: _____

PHYSICAL ADDRESS OF POOL/SPA: _____

NAME OF POOL OWNER: (as it is to appear on permit) _____

ADDRESS WHERE PERMIT SHOULD BE MAILED: _____

POOL OWNER'S PHONE NUMBER: _____ POOL OWNER'S EMAIL: _____

HOA MANAGEMENT CONTACT NAME (IF ANY) & PHONE NUMBER: _____

POOL MANAGEMENT COMPANY (IF ANY) & PHONE NUMBER: _____

OPERATION: YEAR-ROUND SEASONAL **MONTHS FACILITY IS OPERATIONAL:** FROM: _____ TO: _____

HOURS OF OPERATION: FROM: _____ TO: _____

**IF OPERATING AFTER 8:00 P.M., POOL ILLUMINATION MUST COMPLY WITH COMAR 10.17.01.32.*

TYPE OF FACILITY:

_____ Public _____ Semi-Public _____ Limited Public Use Pool

Are swimming lessons offered: Yes No If yes, provide dates and times: _____

Are camps or swim meets held at facility: Yes No If yes, provide dates and times: _____

ENSURE POOL OPERATORS AND LIFEGUARDS ARE ONSITE DURING THESE SPECIAL USES

EQUIPMENT AND FACILITY:

Bather Load: _____ Volume of Pool/Spa: _____ Water Surface Area: _____

Depth of Pool/Spa: Shallow End _____ Deep End _____

Pump Manufacturer: _____ Pump Model: _____ HP: _____

Filter Manufacturer: _____ Filter Model: _____

Filter Type: _____ Hi-Rate sand _____ Cartridge _____ Diatomaceous Earth _____

Turnover Rate: _____ Disinfectant Feeder Manufacturer: _____ Model: _____

Type Disinfection: _____ Main Drain covers checked and found secure Yes No

Suction Outlets and Main Drains VGB Act Compliant Yes No (**provide proof of compliance**)

Heated: Yes No Heater Manufacturer: _____ Heater Model: _____

Backflow Preventers Provided: Yes No Last Inspection Date: _____

Anti-scald Device present and checked Yes No

RECENT CHANGES TO THE POOL:

Has the pool/spa had any construction, alterations, or equipment replacement since last operating permit: YES NO

If yes, please explain: _____

**Please provide a copy of Maryland Department of Health permit (if an application was required for the changes made)*

WATER SUPPLY AND SEWAGE DISPOSAL:

Water Supply: Public Well (Provide water sample results) Water Tanker Other _____

Fill Source for Make-up Water: Public Well (Provide water sample results) Water Tanker Other _____

Sewage Disposal: Septic Public Sewer

Method of Backwash Disposal: Septic Public Sewer Ground's Surface Discharge (**provide copy of MDE discharge permit**)

CERTIFICATIONS (MUST PROVIDE A COPY OF EACH OPERATOR'S CARD, LIFEGUARD CERTIFICATION, AND CPR/FIRST AID CERTIFICATIONS):

of Certified Operators: _____ # of Certified Lifeguards: _____ # of CPR and First Aid Personnel: _____

****PHOTOCOPY OF LICENSE MUST BE PROVIDED FOR EACH ****

Signature of Applicant: _____ **Date:** _____