



**CECIL COUNTY
HEALTH
DEPARTMENT**

JOHN M. BYERS HEALTH CENTER • 401 BOW STREET • ELKTON, MD 21921

WWW.CECILCOUNTYHEALTH.ORG

Please remit fee of **\$250.00** with your Application and Worker's Compensation Form. Include any applicable late fee.

Application is hereby made for a permit to operate a **Swimming Pool/Spa** in accordance with Maryland Department of Health Regulation 10.17.04 "**Public Swimming Pools and Spas**".

Paid: \$	_____
Rcvd:	_____
Receipt #:	_____
W/C:	_____

PLEASE PRINT OR TYPE AND RETURN

Name of Pool/Spa: _____

Pool/Spa Mailing Address: _____ Phone No. _____

Town: _____ State: _____ Zip: _____

Owner or Agent: _____ Phone No. _____

Owner's Mailing Address: _____

Town: _____ State: _____ Zip: _____

E-mail Address: _____

Exact Location of Pool/Spa: _____

Operation dates Pool/Spa: Year Round Seasonal From _____ to _____

Name(s) of Certified Operator(s): _____

Note: PERMIT WILL NOT BE ISSUED UNLESS POOL HAS CERTIFIED OPERATOR

Volumes: Main Pool _____ Gallons Night time use? Yes No

Wading Pool _____ Gallons Main drain has been checked and found secure? Yes No

Spa _____ Gallons Indicate maximum number of persons to be accommodated in pool at one time: _____

Filtration: Sand Diatomite Cartridge None

Disinfection: **MUST BE AUTOMATIC**

Calcium Hypochlorite Chlorinate

Sodium Hypochlorite Other chlorinate compound _____

Signature of Applicant: _____ Agent Owner Date: _____

DO NOT FILL IN BELOW THIS LINE – FOR OFFICE USE ONLY

Permit Number: 07- _____ PCO PVT

Date Issued: _____ Plant ID # 107- _____

Expiration Date: _____

Application Approved Disapproved

By: _____ Date: _____ Assigned Inspector: _____

ID #: _____

Rev. 10/30/2018

Healthy People. Healthy Community. Healthy Future.

ADMINISTRATIVE SERVICES.....410-996-5550	ENVIRONMENTAL HEALTH SERVICES.....410-996-5160
ALCOHOL AND DRUG RECOVERY CENTER.....410-996-5106	HEALTH PROMOTION.....410-996-5168
EMERGENCY PREPAREDNESS.....410-996-5113	MENTAL HEALTH AND SPECIAL POPULATIONS SERVICES.....410-996-5112
COMMUNITY HEALTH SERVICES.....410-996-5130	TTY USERS FOR DISABLED: MARYLAND RELAY.....800-201-7165
DISEASE CONTROL.....410-996-5100	EN ESPAÑOL.....410-996-5550 EXT 4680

CECIL COUNTY HEALTH DEPARTMENT TOLL FREE.877-334-9985