



# CECIL COUNTY HEALTH DEPARTMENT

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

STEPHANIE GARRITY M.S., HEALTH OFFICER  
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 in accordance with Maryland State Department of Health and Mental Hygiene Regulation 10.17.04 **"Public Swimming Pools and Spas"**.

Pd. \$ \_\_\_\_\_  
Rcvd: \_\_\_\_\_  
Receipt #: \_\_\_\_\_  
W/C: \_\_\_\_\_

### PLEASE PRINT OR TYPE AND RETURN

Name of Pool/Spa: \_\_\_\_\_ Phone No. \_\_\_\_\_

Pool Mailing Address: \_\_\_\_\_

Owner or Agent: \_\_\_\_\_ Phone No. \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Exact Location of Pool/Spa: \_\_\_\_\_

Operation dates of Pool/Spa: ( ) Year Round ( ) Seasonal From \_\_\_\_\_ to \_\_\_\_\_

Name (s) of Certified Operator (s): \_\_\_\_\_

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

Volumes: Main Pool \_\_\_\_\_ Gallons  
Wading Pool \_\_\_\_\_ Gallons  
Spa \_\_\_\_\_ Gallons  
NIGHT TIME USE: \_\_\_\_\_ Yes \_\_\_\_\_ No

Filtration: Sand ( ) Diatomite ( ) Main drain grate has been checked and found  
Cartridge ( ) None ( ) secure: Yes ( ) No ( )

Disinfection (MUST BE AUTOMATIC):  
Chlorinate ( ) Calcium Hypochlorite ( ) Sodium Hypochlorite ( )  
Other Chlorinate Compound ( ) \_\_\_\_\_  
Indicate maximum number of persons to be accommodated in pool at one time \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
( ) Owner ( ) Agent

### **DO NOT FILL IN BELOW THIS LINE FOR OFFICE USE ONLY**

Permit Number: **07-**\_\_\_\_\_ ( ) PCO ( ) PVT

Date Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ ( ) Plant I.D. # 107-\_\_\_\_\_

Application: ( ) Approved ( ) Disapproved

By: \_\_\_\_\_ Date: \_\_\_\_\_ Assigned Inspector: \_\_\_\_\_

ID # \_\_\_\_\_

Rev. 7/17/2015