



**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
 Filtration: Sand Diatomite accommodated in pool at one time: _____
 Cartridge None
 Disinfection: **MUST BE AUTOMATIC**
 Calcium Hypochlorite Chlorinate
 Sodium Hypochlorite Other chlorinate compound _____
 Agent
 Signature of Applicant: _____ 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