



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

**FACILITY INFORMATION:** Information relating to the pool or spa. The name of the pool / spa will be the name of the facility as you would like it to be listed on the permit. The address of the 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 facility, 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 the 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. Please remember to **include the expiration dates** of your suction outlet covers. If you need help filling this out, 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 / spray pad \$440    Year round spa \$300    Year round wading pool \$300  
Seasonal swimming pool/ spray pad \$220    Seasonal Spa \$165    Seasonal wading pool \$165

**MISCELLANEOUS INFORMATION:** Permits are not transferable from one owner to another. Mail the 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.



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

Application is hereby made for a permit to operate a public pool or spa 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**

|                          |                                       |          |                          |                                     |          |
|--------------------------|---------------------------------------|----------|--------------------------|-------------------------------------|----------|
| <input type="checkbox"/> | Year Round Swimming Pool / Spray pool | \$440.00 | <input type="checkbox"/> | Seasonal Swimming Pool / Spray pool | \$220.00 |
| <input type="checkbox"/> | Year Round Spa                        | \$300.00 | <input type="checkbox"/> | Seasonal Spa                        | \$165.00 |
| <input type="checkbox"/> | Year Round Wading Pool                | \$300.00 | <input type="checkbox"/> | 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: APPROVED

DISAPPROVED

Office Use Only

Permit ID: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_

Receipt Date: \_\_\_\_\_

BY: \_\_\_\_\_ Date: \_\_\_\_\_



## Facility Data Sheet

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

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

☐ 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<br><b>Expiration Date</b>   |  |
| Make and Model # of Feature/ Jet Cover with<br><b>Expiration Date</b> |  |
| Make and Model # of Equalizer Cover With<br><b>Expiration Date</b>    |  |



# WORCESTER COUNTY HEALTH DEPARTMENT

Main Office: 6040 Public Landing Rd. | P.O. Box 249 | Snow Hill, MD. 21863-0249 | 410-632-1100

REBECCA L. JONES, RN, BSN, MSN | HEALTH OFFICER



## STATEMENT OF WORKERS' COMPENSATION INSURANCE

Maryland Health-General Code Annotated Section 1-202 requires that before any license or permit be issued under the Health-General Article to an employer to engage in an activity in which the employer may employ any individual, the employer must file with the issuing authority a certificate of compliance with the State Workers' Compensation Laws indicating the employer's Worker' Compensation insurance policy or binder number. Waiver or certificate of compliance can be obtained by calling the Workers' Compensation Commission at 410-864-5100

**CIRCLE** the number of the option below which applies to you, provide the requested information, sign and date the form, and return it with the attached application. (***NOTE: License cannot be issued without completion of this form.***)

1. I have Workers' Compensation insurance.

Insurance Company \_\_\_\_\_ Policy/Binder No. \_\_\_\_\_

Agent \_\_\_\_\_ Phone Number \_\_\_\_\_

2. A waiver has been received from the Workers' Compensation Commission. (A COPY OF THE WAIVER MUST BE ATTACHED BEFORE A LICENSE WILL BE GRANTED.)

3. As provided by Maryland Annotated Code Article 101, I am exempt from having Workers' Compensation insurance. (Circle option a or b below.)

a. Attached is a copy of the certificate of compliance.

b. I have applied for a certificate of compliance from the Workers' Compensation Commission on \_\_\_\_\_.  
Copy of certificate will be forwarded to Worcester County Office of Environmental Health upon receipt.

4. I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission. (A COPY OF THE CERTIFICATE OF COMPLIANCE MUST BE ATTACHED BEFORE A LICENSE WILL BE GRANTED.)

5. I have no employees; therefore, I am not required to carry Workers' Compensation insurance.

\_\_\_\_\_  
SIGNATURE/TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FACILITY NAME

\_\_\_\_\_  
TITLE

BERLIN HEALTH CENTER 410-629-0164 | DENTAL CENTER 410-641-0240  
ENVIRONMENTAL HEALTH 410-352-3234/410-641-9559 | MARYLAND ACCESS POINT 410-632-9915  
OCEAN CITY HEALTH CENTER 410-289-4044 | POCOMOKE HEALTH CENTER 410-957-2005  
TTY MARYLAND RELAY SERVICE 1-800-735-2258 | W.A.C.S. CENTER 410-213-0202

[WWW.WORCESTERHEALTH.ORG](http://WWW.WORCESTERHEALTH.ORG)

**AMERICANS WITH DISABILITIES ACT (ADA)  
AFFIDAVIT FOR MARYLAND PUBLIC POOLS  
AND SPAS**

**MARYLAND DEPARTMENT OF HEALTH (MDH)  
Division of Community Services (DCS)  
6 St. Paul Street, Suite 1301, Baltimore, Maryland 21202-1608  
Phone: 410-767-8417 Fax: 410-333-8926 Toll Free:  
1-877-4MD-DHMH ext. 8417**

**Who should use this form?**

- **Maryland pools and spas regulated by the Department of Health and Mental Hygiene**

**Why must I complete this form?**

- **To document the pool or spa compliance status with the 2010 ADA Standards for Accessible Design**

**When do I need to submit this form to the local health department?**

- **With your annual application for an operating permit**

**What happens if the form is not submitted?**

- **The operating permit for the pool or spa will be denied or suspended**

Maryland pools and spas regulated by the Maryland Department of Health are required to comply with disability access laws (COMAR 10.17.01.37). The U.S. Department of Justice (USDOJ) published revised regulations for Titles II and III of the Americans with Disabilities Act of 1990 ("ADA") in the Federal Register on September 15, 2010. These regulations adopted revised, enforceable accessibility standards called the 2010 ADA Standards for Accessible Design ("2010 Standards" or "Standards"), which are available online at [http://www.ada.gov/2010ADASTandards\\_index.htm](http://www.ada.gov/2010ADASTandards_index.htm). The 2010 Standards set minimum requirements – both scoping and technical – for State and local government facilities, public accommodations, and commercial facilities to be readily accessible to and usable by individuals with disabilities. To determine if your facility is required to meet the 2010 ADA Standards, please see the information and guidance on the ADA website, for example, [http://www.ada.gov/pools\\_2010.htm](http://www.ada.gov/pools_2010.htm), contact the USDOJ for assistance at **1-800-514-0301**, or consult with your attorney. For pools, wading pools, and spas built before March 15, 2012, the 2010 ADA Standards go into effect **on January 31, 2013**.

**Provide the following information about your facility:**

Name of Owner: \_\_\_\_\_

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

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

Facility Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone number(s): \_\_\_\_\_

Contact email: \_\_\_\_\_

**Check one of the following regarding compliance with the 2010 ADA Standards:**

- ☐ The pools and/or spas located at this facility **are required** to meet the 2010 ADA Standards and **fully comply** with these Standards.
- ☐ The pools and/or spas located at this facility **are required** to meet the 2010 ADA Standards but compliance is **"not readily achievable"** at this time (see, for example, <http://www.ada.gov/regs2010/smallbusiness/smallbusprimer2010.htm#readilyachievable>).
- ☐ The pools and/or spas located at this facility **are not required** to meet the 2010 ADA Standards.
- ☐ The pools and/or spas located at this facility **are required** to meet the 2010 ADA Standards but **do not** meet the Standards.

**Owner's Statement:**

I have carefully examined and read this form and understand that providing false information may result in denial, suspension or revocation of an operating permit. I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the foregoing affidavit are true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date