

**COMAR 10.17.01  
PUBLIC SWIMMING POOL OR SPA  
COMPLIANCE SCHEDULE APPLICATION**

Maryland Department of Health and Mental Hygiene (DHMH)  
Division of Community Services  
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

An owner of a public pool or spa that is not in compliance with the Maryland Public Pools and Spas Regulations may request approval from the DHMH to meet a regulation requirement at a future date provided that: 1. Operation of the pool or spa during the time allowed to bring the pool or spa into compliance does not adversely affect public health and safety; and 2. The pool or spa is otherwise in compliance with the regulations (COMAR 10.17.01.54).

1. Owner \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

2. Facility Location  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

Specify the specific facility at this location that is non compliant and which you are requesting a compliance schedule.

Facility	Indoor	Outdoor	Comment	Facility	Indoor	Outdoor	Comment
Main Pool				Spa			
Wading Pool				Swim Spa			
Therapy Pool				Water Attraction			
Spray Pool				Other:			

3. Pool Professional \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

4. Specify the COMAR 10.17.01 requirement that requires a compliance schedule:  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Specify why the requirement cannot be correctly immediately:  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Explain interim measures in place for this requirement that protect public health and safety:  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Describe the corrective action:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Date of Compliance: \_\_\_\_\_

8. The information provided is current and accurate: *Both signatures are required.*

\_\_\_\_\_  
 X Owner's Signature Date Print Name

\_\_\_\_\_  
 X Pool Professional's Signature Date Print Name

DHMH: Approved   
 Denied  Specify reason \_\_\_\_\_

\_\_\_\_\_  
 X Sanitarian's Signature Date Print Name