

Send application and \$106 annual fee to:
St. Mary's County Environmental Health
21580 Peabody Street, P.O. Box 316
Leonardtown, Maryland 20650-0316

Department of Health & Mental Hygiene
Application for Swimming Pool Annual Operating Permit

Condominium [] Community [] Club [] School [] Camp [] Campground [] Motel []
Apartment [] Other [] please specify _____

Application is hereby made for a permit to operate an: indoor [] outdoor [] public swimming pool/spa (circle)
Operating period: all year [] seasonal [] from _____ to _____

Name of pool as it is
To appear on permit : _____
Location of Pool : _____ County _____
Address to which
Permit is to be mailed : _____

Individual owner of pool : _____
For other than individual ownership, provide the following information: If Corporation, give legal corporate name and president's name; if Partnership, give full partnership name and names of general partner(s); if Fictitious name, give registered fictitious name and state where registered: _____

Fictitious Name	Address	State of Registration
Corporation	Corporate Address	President
Partnership	Partnership Address	General Partners

Person or firm in charge of operating pool _____
Name

Street	Municipality	State	Zip Code	Phone Number
--------	--------------	-------	----------	--------------

Number of lifeguard(s) _____
Certified Operator(s) _____
Place of Certification _____

Volumes:
Main Pool _____ Gallons
Wading Pool _____ Gallons
Other _____ Gallons

Bather Facilities:
First Aid [] Locker Rooms []
Bath House for Pool Only [] Club Room []
None []
Other _____

Filtration:
Sand [] Diatomite []
Cartridge [] None []

Main drain grate has been checked and found secure
Yes [] No []

Disinfection:
Hypochlorination [] None []
Gas []
Erosion []
By Hand []

If a motel, number of units _____
If a club, number of memberships _____ and/or
number of members _____
If an apartment or condominium, number of tenants or residents _____
If a camp, number of campers _____ or sites _____
None of the above apply []

Indicate maximum number of persons to be accommodated at the pool at any one time _____

Signature of Owner or Owner's Agent