

SOMERSET COUNTY HEALTH DEPARTMENT
7920 CRISFIELD HIGHWAY
WESTOVER, MARYLAND 21871
(P) 443-523-1730 (F) 410-651-4083

APPLICATION FOR SWIMMING POOL ANNUAL OPERATING PERMIT

TYPE: CONDOMINIUM CAMPGROUND HOTEL/MOTEL
 MARINA SCHOOL OTHER _____

Application is hereby made for a permit to operate an indoor outdoor swimming pool.

Operating Period: Year round Seasonal, from _____ to _____.

Name of Pool: _____
Facility Address: _____
City: _____, Maryland Zip Code: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Facility Phone Number: _____

Owner of Pool: _____
Owner Address: _____
City: _____, Maryland Zip Code: _____
Owner Phone Number: _____

Name of Certified Operator: _____
Number of Lifeguards: _____

Pool Volume: _____ Gallons
Type of Disinfectant: _____
Type of Filtration: _____

MAIN DRAIN GRATE HAS BEEN CHECKED AND FOUND SECURE: YES NO

Owner's Signature: _____
Date: _____



For Official Use Only

Approved: Yes No _____
Health Department Signature