

COMPLIANCE REQUEST APPLICATION

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).

NAME OF OWNER _____

ADDRESS OF OWNER _____

FACILITY _____

ADDRESS OF FACILITY _____

Specify the specific facility at this location that is not 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:			

Specify the Non-Compliance Item _____

Specify the reason that the non-compliance item cannot be immediately corrected _____

Explain the plan for correction of the non-compliance item _____

Give time schedule for the correction of the non-compliance item _____

Explain interim measures that will protect public health and safety until non compliant item is corrected _____

**I hereby certify that the above pool or spa will not be operated unless the specified interim measures are in place.*

SIGNATURE OF OWNER: _____ DATE: _____
(Owner or responsible party)

OFFICE USE ONLY

WITH THE INTERIM MEASURES IN PLACE, DOES THE OPERATION OF THE POOL OR SPA, DURING THE TIME ALLOWED TO BRING THE POOL OR SPA INTO COMPLIANCE, ADVERSELY AFFECT THE HEALTH AND SAFETY OF THE PUBLIC? YES _____ NO _____

COMPLIANCE SCHEDULE IS: APPROVED _____ DISAPPROVED _____

SANITARIAN'S SIGNATURE _____ DATE: _____