

**WORCESTER COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
APPLICATION FOR ANNUAL RECREATIONAL WADING POOL OPERATING PERMIT**

**Application is hereby made for a permit to operate a public wading pool in accordance with Maryland State Department of Health and Mental Hygiene Regulations 10.17.01 "Public Swimming Pools and Spas".**

**Please Print or Type and Return PERMIT WILL NOT BE ISSUED UNTIL FORM IS COMPLETED AND FEE IS PAID.**

**FEE: YEAR-ROUND WADING POOLS \$300.00 SEASONAL WADING POOLS (open < 6 months) \$165.00**

NAME OF POOL: \_\_\_\_\_

NAME OF POOL OWNER: \_\_\_\_\_  
(as it is to appear on permit)

ADDRESS WHERE PERMIT SHOULD BE MAILED: \_\_\_\_\_  
\_\_\_\_\_

NAME OF OWNER/HOA PRESIDENT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

OWNER/PRESIDENT PHONE: ( ) \_\_\_\_\_ OWNER/PRESIDENT FAX: ( ) \_\_\_\_\_

HOA MANAGEMENT COMPANY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

MANAGEMENT CO. PHONE: ( ) \_\_\_\_\_ MANAGEMENT CO. FAX: ( ) \_\_\_\_\_

CERTIFIED OPERATOR: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

CERTIFICATION EXPIRATION: \_\_\_\_\_ *PERMIT WILL NOT BE ISSUED UNLESS POOL HAS A CERTIFIED OPERATOR*

EXACT LOCATION OF POOL: \_\_\_\_\_

OPERATION DATES:  YEAR-ROUND

SEASONAL FROM: \_\_\_\_\_ TO: \_\_\_\_\_

HOURS OF OPERATION: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

*\*IF OPERATING AFTER 8:00 P.M., POOL ILLUMINATION MUST COMPLY WITH COMAR 10.17.01.32.*

# OF LIFEGUARDS: \_\_\_\_\_ # OF CPR AND FIRST AID PERSONNEL: \_\_\_\_\_

*\*REGULATIONS REQUIRE AT LEAST ONE CERTIFIED LIFEGUARD AND ONE PERSON CERTIFIED IN CPR AND FIRST AID*

ACCESS PROVIDED TO SITE: KEY PROVIDED  COMBINATION IF USED: \_\_\_\_\_

I do hereby certify that the above information is correct and agree to maintain this wading pool in accordance with the regulations and guidelines formulated by the Department of Health and Mental Hygiene governing construction, operation, and maintenance of public swimming pools and spas.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_  
 OWNER  AGENT  OPERATOR

**APPLICATION WILL NOT BE PROCESSED UNLESS THE ABOVE INFORMATION IS PROVIDED. INCOMPLETE APPLICATIONS WILL BE RETURNED AND ARE SUBJECT TO A \$50.00 PER DAY LATE FEE.**

OFFICE USE

FEE PAID: \_\_\_\_\_

APPLICATION:  APPROVED  DISAPPROVED

PERMIT NO: \_\_\_\_\_

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

DATE ISSUED: \_\_\_\_\_

DATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_