



Public Health
Prevent. Promote. Protect.
Somerset County
Health Department

Somerset County Health Department
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Health Officer Danielle Weber, MS, RN

APPLICATION FOR SWIMMING POOL ANNUAL OPERATING PERMIT

Fee \$200

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: _____ State: _____ 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