



**PUBLIC SWIMMING POOL
AND/OR SPA LICENSE
APPLICATION PACKET**

Queen Anne's County Environmental Health
206 N Commerce Street
Centreville, MD 21617
Phone: 410-758-2281 // Fax: 410-758-6602
E-mail: qac.env@maryland.gov

Instructions

- An application must be submitted in order to obtain a license to operate a public swimming pool and/or spa in accordance with Code of Maryland and Maryland Department of Health Regulations 10.17.01 (Swimming Pools and Spas).
- Complete every page of the application packet.
- Submit the completed application packet and annual fee of **\$150.00, made payable to Queen Anne's County Dept of Health.**
- The license will not be issued until we have your completed application packet, payment and the pre-opening inspection has been conducted and approved.

Facility

- | | | | |
|----------------------------------------------|--------------------------------------|--------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Housing Subdivision | <input type="checkbox"/> Condominium | <input type="checkbox"/> Apartment Complex | <input type="checkbox"/> Camp |
| <input type="checkbox"/> Hotel | <input type="checkbox"/> School | <input type="checkbox"/> Marina | <input type="checkbox"/> Other: _____ |

Type and Number of Swimming Pools/Spas (Check all that apply to the venue)

- | | | | |
|-------------------------------------------------------|------------------------------------------------------|----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Recreational (Outdoor) # ___ | <input type="checkbox"/> Semi-public (Outdoor) # ___ | <input type="checkbox"/> Spa (Outdoor) # ___ | <input type="checkbox"/> Wading (Outdoor) # ___ |
| <input type="checkbox"/> Recreational (Indoor) # ___ | <input type="checkbox"/> Semi-public (Indoor) # ___ | <input type="checkbox"/> Spa (Indoor) # ___ | <input type="checkbox"/> Wading (Indoor) # ___ |
| <input type="checkbox"/> Other _____ | | | |

Facility Information

- All Year Seasonal - From (Date) _____ to _____ Night Use: Yes No
- Days and Hours of Operation: _____
- Has the pool/spa had any construction, alterations, or equipment replacement since last operating permit? Yes No
- If yes, please explain: _____
- Facility Name: _____ Phone: _____
- Facility Address: _____ City: _____ Zip: _____
- Contact for Facility: _____ Phone: _____ E-mail: _____
- Mailing Address: _____ City: _____ Zip: _____
- Pool Management Company (if any): _____ Phone: _____

Owner Information

- | | | | |
|--------------------------------------|------------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Association | <input type="checkbox"/> Corporation/LLC | <input type="checkbox"/> Partnership | <input type="checkbox"/> Individual |
|--------------------------------------|------------------------------------------|--------------------------------------|-------------------------------------|
- Owner Name: _____ Phone: _____
- Address: _____ City: _____ Zip: _____
- E-mail: _____

Owner/Agent Name: _____ Signature: _____ Date: _____

ENVIRONMENTAL HEALTH OFFICE ONLY

Receipt #: _____ Date Received: _____ Env. Specialist: _____



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STATEMENT OF COMPLIANCE WITH WORKERS' COMPENSATION ACT

Maryland Health-General Annotated Code, §1-202, requires that before any license or permit be issued to an employer to engage in an activity in which the employer may employ a covered employee, as defined in §9-101 of the Labor and Employment Article, the employer shall file with the issuing authority: (1) a certificate of compliance with the Maryland Workers' Compensation Commission (WCC); (2) or the number of a workers' compensation insurance policy or binder number. Please contact WCC for more information at (410) 864-5297, Monday through Friday, from 8:00 to 4:30.

Circle the number of the option below which applies to the business or person for which a license or permit is sought, provide the requested information, sign and date this form, and return it with your application.

1. I have workers' compensation insurance:

Name of Insurance Company _____

Policy or Binder Number _____

2. I am a member of a limited liability company or an officer of a corporation, and I have no covered employees. (Attach a copy of the CERTIFICATE OF COMPLIANCE from the Workers' Compensation Commission.)
3. I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission. (Attach a copy of the CERTIFICATE OF COMPLIANCE from the Workers' Compensation Commission.)
4. I am a sole proprietor or a partner in a business and have no covered employees. (Attach a copy of the LETTER OF EXEMPTION from the Workers' Compensation Commission.)

I solemnly affirm under the penalties of perjury that the information provided on this form is true.

Printed Name of Applicant

Applicant's Title in the Business

Company Name

Company Address

Signature

Date of Signing

**AMERICANS WITH DISABILITIES ACT (ADA)
AFFIDAVIT FOR MARYLAND PUBLIC POOLS AND
SPAS**

MARYLAND DEPARTMENT OF HEALTH
Division of Community Services (DCS)
6 St. Paul Street, Suite 1301, Baltimore, Maryland 21202-1608
Phone: 410-767-8417 Fax: 410-333-8926
Toll Free: 1-877-4MD-DHMH ext. 8417

Who should use this form?

- Maryland pools and spas regulated by the Department of Health and Mental Hygiene

Why must I complete this form?

- To document the pool or spa compliance status with the 2010 ADA Standards for Accessible Design

When do I need to submit this form to the local health department?

- With your annual application for an operating permit

What happens if the form is not submitted?

- The operating permit for the pool or spa will be denied or suspended

Maryland pools and spas regulated by the Department of Health and Mental Hygiene are required to comply with disability access laws (COMAR 10.17.01.37). The U.S. Department of Justice (USDOJ) published revised regulations for Titles II and III of the Americans with Disabilities Act of 1990 (“ADA”) in the Federal Register on September 15, 2010. These regulations adopted revised, enforceable accessibility standards called the 2010 ADA Standards for Accessible Design (“2010 Standards” or “Standards”), which are available online at http://www.ada.gov/2010ADASTandards_index.htm. The 2010 Standards set minimum requirements – both scoping and technical – for State and local government facilities, public accommodations, and commercial facilities to be readily accessible to and usable by individuals with disabilities. To determine if your facility is required to meet the 2010 ADA Standards, please see the information and guidance on the ADA website, for example, http://www.ada.gov/pools_2010.htm, contact the USDOJ for assistance at **1-800-514-0301**, or consult with your attorney. For pools, wading pools, and spas built before March 15, 2012, the 2010 ADA Standards go into effect **on January 31, 2013**.

Provide the following information about your facility:	
Name of Owner: _____	Name of Facility: _____
Mailing Address: _____	Facility Address: _____
City, Zip: _____	City, Zip: _____
Contact name: _____ Phone number(s): _____	
Contact email: _____	

Check one of the following regarding compliance with the 2010 ADA Standards:

- The pools and/or spas located at this facility **are required** to meet the 2010 ADA Standards and **fully comply** with these Standards.
- The pools and/or spas located at this facility **are required** to meet the 2010 ADA Standards but compliance is “**not readily achievable**” at this time (see, for example, <http://www.ada.gov/regs2010/smallbusiness/smallbusprimer2010.htm#readilyachievable>).
- The pools and/or spas located at this facility **are not required** to meet the 2010 ADA Standards.
- The pools and/or spas located at this facility **are required** to meet the 2010 ADA Standards but **do not** meet the Standards.

Owner’s Statement:

I have carefully examined and read this form and understand that providing false information may result in denial, suspension or revocation of an operating permit. I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the foregoing affidavit are true.

Signature Title Date

POOL/SPA DATA SHEET

DATA	SWIMMING POOL(S)	SPA(S)	WADING POOL(S)
Volume (gallons)			
Surface Area (Ft ²)			
Perimeter (Ft)			
Turnover Rate (Minimum)			
Turnover Rate (Maximum)			
Maximum User Load			

EQUIPMENT	SWIMMING POOL(S)	SPA(S)	WADING POOL(S)
Pump Manufacturer			
Pump Model #			
HP			
Filter Type (Sand, cart, DE)			
Filter Manufacturer			
Filter Model			
Type of Disinfectant			
Disinfectant Feeder Manufacturer			
Disinfectant Model			
Heater Manufacturer (if present)			
Heater Model (if present)			
Suction Outlets and Main Drains VGB Act Compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Hose bibb(s) are provided with an atmospheric vacuum breaker? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Provide the operating instructions for valves and equipment:

POOL OPERATORS

Facility Name: _____		
Address: _____	City: _____	Zip: _____
Name of contact to set up opening inspection: _____		Phone: _____
E-mail: _____		
Pool Company: _____		Phone: _____
E-mail: _____		

CERTIFIED POOL OPERATOR (CPO):

- A. Is available at all times when a recreational pool is open;
- B. Is available at a semi-public pool, public spa, and at a limited public use pool and able to respond to operational issues within:
 - 1. 30 minutes when not available on-site; or
 - 2. If a contractual CPO, 2 hours when not available on-site

Please provide the following information for each pool operator for the season:

Name of the Pool Operator	Date of approved Operator's Course	Pool Card Number	Expiration Date