COMAR 10.17.01
PUBLIC SWIMMING POOL OR SPA
COMPLIANCE SCHEDULE APPLICATION

Maryland Department of Health and Mental Hygiene (DHMH)
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

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).

1. Owner _____

    Contact Person _____

    Mailing Address _____ City _____ State _____ Zip _____

    Phone # _____ Fax # _____ Email _____

2. Facility Location

    Physical Address _____ City _____ State _____ Zip _____

    Phone # _____ Fax # _____ Email _____

    Specify which facility at the location is non compliant and for 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:			

3. Specify the COMAR 10.17.01 regulation that requires a compliance schedule:

    COMAR 10.17.01.37 _____

4. Specify why the requirement cannot be correctly immediately:

    _____

    _____

5. Explain interim measures in place that protect public health and safety:

    _____

    _____

6. Describe the corrective action:

    Plans will be submitted to the Division of Community Services by September 15, 2012, to install (specify lift, sloped entry, etc.): _____

    _____ Date of Compliance: March 15, 2013

7. The information provided is current and accurate:

X Owner's Signature _____   Date _____   Print Name _____

DHMH: Approved   ☐

             Denied   ☐ Specify reason _____

X Sanitarian's Signature _____   Date _____   Print Name _____

DCS 1/12