



# **MADISON COUNTY HEALTH DEPARTMENT**

HEALTH OFFICER STEPHEN J. WRIGHT M.D.

## **PUBLIC AND SEMI PUBLIC SWIMMING POOL PERMIT APPLICATION**

FACILITY NAME: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_

FACILITY PHONE #: \_\_\_\_\_ POOL OPERATOR/CPO: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ OWNER PHONE #: \_\_\_\_\_

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

WATER SAMPLING COMPANY NAME: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE #: \_\_\_\_\_

NUMBER OF POOLS/SPAS AT FACILITY OPEN MORE THAN 180 DAYS: \_\_\_\_\_

NUMBER OF POOLS/SPAS AT FACILITY OPEN LESS THAN 180 DAYS: \_\_\_\_\_

ANNUAL POOL PERMIT: 300.00

SEASONAL POOL PERMIT: 150.00

EACH ADDITIONAL POOL: 50.00

TYPE OF POOLS TO BE PERMITTED: (CHECK ALL THAT APPLY)

REHABILITATION \_\_\_\_\_ SWIMMING \_\_\_\_\_ WADING \_\_\_\_\_ ZERO DEPTH \_\_\_\_\_ WAVE \_\_\_\_\_

COMPETITION/DIVING \_\_\_\_\_ SPA \_\_\_\_\_ FITNESS/LAP \_\_\_\_\_ SPLASH PAD \_\_\_\_\_

SNACK BAR OR FOOD SERVICE: YES \_\_\_\_\_ NO \_\_\_\_\_

TOTAL FEES REMITTED: \_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_

ACCORDING INDIANA RULE 410 IAC 6-2.1 AND THE MADISON COUNTY POOL ORDINANCE, A SATISFACTORY WATER SAMPLE FROM AN APPROVED LABORATORY MUST BE ON FILE WITH THE MADISON COUNTY HEALTH DEPARTMENT, AND A VALID OPERATING PERMIT MUST BE OBTAINED BEFORE THE FACILITY CAN BE OPENED FOR USE BY THE PUBLIC.

OWNER/OPERATOR SIGNATURE: \_\_\_\_\_

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

PLEASE COMPLETE AND RETURN THIS APPLICATION AND PERMIT FEES TO THE MADISON COUNTY HEALTH DEPARTMENT. CHECKS SHOULD BE MADE PAYABLE TO: MADISON COUNTY HEALTH DEPARTMENT.

MADISON COUNTY HEALTH DEPARTMENT

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