

WABASH COUNTY HEALTH DEPARTMENT

89 West Hill Street, Wabash, Indiana 46992
P: (260) 563-0661 Ext. 1251; F: (260) 563-6082
WEBSITE: environmental.wabashcounty85.us



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ANNUAL SWIMMING POOL APPLICATION

Application will NOT be accepted unless filled out COMPLETELY and payment attached

FACILITY:

Name: _____ Owner: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ - _____ - _____ Fax: _____ - _____ - _____ Email: _____

GENERAL:

Type: _____ Pool _____ Spa _____ Other _____ Location: _____ Indoor _____ Outdoor _____
1st Pool: _____ Gallons _____ Dimensions _____ 2nd Pool: _____ Gallons _____ Dimensions _____ Hot Tub / Spa: _____ Gallons _____
Operation: _____ Year Round _____ Seasonal / Opening Date _____ / _____ / _____ Closing Date _____ / _____ / _____

MANAGEMENT:

Company: _____ Contact: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ - _____ - _____ Fax: _____ - _____ - _____ Email: _____

POOL OPERATOR SERVICE:

Company: _____ Contact: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ - _____ - _____ Fax: _____ - _____ - _____ Email: _____
Certified Operator Name: _____ Cell: _____ - _____ - _____
Certificate Number: _____ Expiration Date: _____ / _____ / _____

PERSON IN CHARGE (MUST be available during business hours):

Office: _____ - _____ - _____ Cell: _____ - _____ - _____ Email: _____

APPLICATION FEES (Please make checks payable to "Wabash County Health Department"):

_____ \$100 SEASONAL Permit _____ \$200 ANNUAL (year round) Permit

Please note pool permits are non-transferable and non-refundable. The pool permit issued applies only to the above-specified owner/facility and cannot be used to cover a different owner, facility or location.

I, the undersigned, hereby certify the above information and representations are true and that the facility will meet State and local requirements of the Wabash County Health Department, Indiana Ordinance# _____, 410 IAC6-2.1, 675 IAC 20-1,2, 3

Signature: _____ Date Signed: _____ / _____ / _____
Owner or Legally Responsible Representative

For Health Department Use ONLY

Date Payment Received: _____ / _____ / _____ Amount Received: _____ Receipt Number: _____
Date Water Sample Received: _____ / _____ / _____ Pre-Opening Inspection Date: _____ / _____ / _____ Time: _____
Permit Approved By: _____ Date Permit Issued: _____ / _____ / _____ Permit Number: _____