



Public Health
Prevent. Promote. Protect.

Decatur County Health Department

315 S. Ireland St. Greensburg, IN 47240

Public and Semi-Public Pool and Spa Permit Application

Please send this form along with your payment. If you are requesting non-profit status, please submit a copy of your 501 c 3. Fill out this form as you want it to appear on your permit. **An incomplete form will not be processed for a permit.**

OWNERSHIP INFORMATION

| | |
|-----------|---------------|
| Facility: | Owner's Name: |
|-----------|---------------|

| | |
|----------|--|
| Address: | |
|----------|--|

| | | | |
|-------|-----|------|---------------------|
| City: | ST: | ZIP: | Owner's Cell Phone: |
|-------|-----|------|---------------------|

Ownership Legal Type: Association Corporation Individual Partnership Non-Profit (please include 501c3)
 Other (please specify)

MANAGEMENT INFORMATION

| | | |
|--------------------------------------|--|--------|
| Name of Operator / Person in Charge: | | Title: |
|--------------------------------------|--|--------|

| | |
|------------|--|
| Telephone: | |
|------------|--|

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POOL INFORMATION

| | | |
|--|------------------|-----------------------------|
| <input type="checkbox"/> Operates yearly | Number of Pools: | Size of pool(s) in gallons: |
|--|------------------|-----------------------------|

| | | |
|--|-----------------|----------------------------|
| <input type="checkbox"/> Operates seasonally | Number of Spas: | Size of spa(s) in gallons: |
|--|-----------------|----------------------------|

MAILING ADDRESS

| | |
|---|--|
| Address for correspondence, including application or email address if you prefer: | <input type="checkbox"/> Please send all future correspondence via email |
|---|--|

| |
|-------|
| Name: |
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| |
|----------------|
| Email Address: |
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| |
|----------|
| Address: |
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| | | |
|-------|-----|------|
| City: | ST: | ZIP: |
|-------|-----|------|

| | |
|--|--|
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|--|--|

Hours of Operation (please note if closed all day)

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-------|--------|--------|---------|-----------|----------|--------|----------|
| Open | | | | | | | |
| Close | | | | | | | |

The Undersigned Hereby applies for a permit to operate a Public or Semi-Public Pool and/or Spa pursuant to 410 IAC 6-2.1 and 675 IAC 20-1. The undersigned hereby attests to the accuracy of the information provided in this application and affirms that the undersigned will comply with the regulations and allow the Decatur County Health Official full access to the establishment.

Signature of Applicant(s): _____

Printed Name of Applicant(s): _____



Decatur County Health Department
315 S. Ireland St. Greensburg, IN 47240
**Public and Semi-Public Pool and
Spa Permit Application**

***** Fee Schedule*****

Pool or Spa Facility

Seasonal
Yearly

\$300.00
\$600.00

**Please make check payable to:
Decatur County Health Department**