



Tipton County Health Department
Health Officer Dr. Mary Compton, MD

Public and Semi-Public Swimming Pool Application

Pool Information

Name of Pool: _____

Pool Address: _____

Pool Phone: _____ Hours of Operation: _____

Owner Information

Owner Name: _____

Address: _____

Primary Contact: _____

Owner Phone: _____ Owner Email: _____

Operator or Pool Management Company Information

Operator Name: _____

Company Name: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact Information

Name: _____ Title: _____

Phone: _____ Email: _____

**Please make sure information is accurate so that TCHD can contact the owner and/or the pool operator for inspection closures or questions*

Owner or Operator's Signature: _____ Date: _____

Operational Information

Pool Type (check one):

Competition Diving Fitness Lap Program Rehabilitation Spa Swimming

Wave Wading Zero Depth Splash Cold Plunge

Pool Shape: _____ Year Built: _____

Pool Size (gallons): _____ Surface Area (sq feet): _____

Bather Load: _____

Disinfection Type: Chlorine (dry, liquid, salt) | Bromine | Other _____

Snack Bar/Food Service: Yes | No

Pool Location: Indoor | Outdoor

Will certified lifeguards or a monitor be present when pool is open? Yes | No

If YES, how many? _____ (make sure all lifeguards have certification on site)

Opening Date (seasonal) _____ **Closing Date (seasonal)** _____

Access Information (gate codes, lock box, fob, etc.) _____

Fee Schedule

Plan Review Fee \$100 (per location) Seasonal Fee \$150 Year-Round Fee \$200

***Permit fees are to be paid once the opening inspection has been completed by TCHD. This inspection must take place prior to the facility opening to the public.**

Items Required with Application Submittal:

- \$100 Plan Review Fee (must be check/cash/money order/credit card)
- Public and Semi-Public Swimming Pool Application (one each individual pool please).
- Copy of the approved IDHS design plans.
- Copy of the IDHS Application and Design Release form.
- Copy of the local Building/Planning permit.

*All applications, \$100 plan review fee and plan review materials must be submitted to TCHD at least 30 days prior to start of construction.

Applications can be submitted on-line to envhealth@tiptoncounty.in.gov or mailed to Tipton County Health Department at 101 E. Jefferson St. Tipton, IN 46072. All checks, when submitted, should be made payable to Tipton County Health Department. Credit card processing fee applies to all credit card payments.