



Public Health
Prevent. Promote. Protect.

Clark County Health Department

1320 Duncan Avenue, Jeffersonville, IN 47130

Phone: (812) 282-7521 Fax: (812) 288-2711 Website: www.clarkhealth.net



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Application for Public & Semi Public Water Facilities

The permit to operate a Public/Semi-Public Water facility in Clark County, IN is renewable at this time. This application for Public/Semi-Public Water Facility must be completed to renew or to establish a permit to operate regulated water facilities in Clark County, IN. Please complete the application in its entirety and submit the appropriate fees via check or money order.

Facility Information

Facility Name: _____

Pool Operator: _____ Title: _____

Pool Setting (circle one):	Hotel/Motel	Apartment/Condominium	Bed and Breakfast
	Campground	Child Care	Hospital
	Mobile Home Park	Municipal Park	Resort
	School/University	State Park	Tourist Home
	Other (please list): _____		

Address: _____ Phone: () _____ - _____

City/Town: _____ State: _____ Zip Code: _____

Email: _____

Business/Owner Information

Business Name: _____ Owner Name: _____

Address: _____ Phone: () _____ - _____

City/Town _____ State _____ Zip code _____

Email: _____ Fax: () _____ - _____

Please Check Facility Address _____ or Business/Owner Address _____ for Renewal/Permit Mailings

Virginia Graeme Baker Pool and Spa Safety Act

Entrapment Prevention Device: Please check appropriate equipment (see 410 IAC 6-2.1-32)

- 1) _____ A safety vacuum release system
- 2) _____ A suction-limiting vent system with a tamper-resistant atmospheric opening
- 3) _____ A gravity drainage system that utilizes a collector tank

Continued on Reverse →

- 4) _____ An automatic pump-off system
- 5) _____ A device or system that disables the drain
- 6) _____ Other system approved by the Consumer Protection Safety Commission (unblockable drain)
- 7) _____ No entrapment prevention devices are installed

Suction Fittings: Please Complete Virginia Gram Baker Information Below
(A Copy of the Certificate from the Installer/Manufacturer must accompany the Application for Public Water Facilities)

Location in Pool: _____

Drain Use (please check): _____ Single _____ Multiple

Flow Rate (GPM): _____

Manufacturer's Name: _____

Manufacturer's Model Designation: _____

Installation Date: ____/____/____ Life (Years): _____

Installation Position: _____ Floor only _____ Wall only _____ Both _____

Field Fabricated: _____ Yes _____ No (Please Provide Engineering If Field Fabricated)

Permit Fee(s)

Schedule of Fees (Please Check)	Annual Fee
() New Facility and Plan Review.....	\$100.00
() Swimming Pool Class A-E.....	\$100.00
() Spa.....	\$50.00
() Wading Pool.....	\$50.00
() Late Fee.....	.50% of Permit Fee

If the facility is owned by a Municipality or Public School Corporation or is an organization that is exempt from Indiana Gross Income Tax under I.C. 6-2.1-3-20 through I.C. 6-2.1-2-22 please provide the Tax ID#: _____ and enclose no fee.

Anticipated Opening Date: ____/____/____

Water Sampling shall start one (1) week prior to the opening of the pool. (IAC 6-2.1-31 (d))

Closing Date for Season: ____/____/____

Signature: _____ **Date:** ____/____/____

Receipt# _____

Permit# _____