



**Public Health**  
Prevent. Promote. Protect.

# Clark County Health Department

1201 Wall Street, Jeffersonville, IN 47130

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

## 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): _____		Youth Camp

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)**

<b>Schedule of Fees (Please Check)</b>	<b>Annual Fee</b>
<input type="checkbox"/> New Facility and Plan Review.....	\$100.00
<input type="checkbox"/> Swimming Pool Class A-E.....	\$100.00
<input type="checkbox"/> Spa.....	\$50.00
<input type="checkbox"/> Wading Pool.....	\$50.00
<input type="checkbox"/> 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#** \_\_\_\_\_