Public Swimming Pool/Spa/Special Use Pool Program Survey Administrative Review Form

Health District		
Address	**City / Zip**	**County**
Environmental Health Phone Number	**Environmental Health Fax Number**	**Environmental Health E-mail -**
Health Commissioner	**Director of Environmental Health**	

Please complete the following for licensed swimming pools, spas, special use pools within your district

License Type	Number of Permits Issued each of the last three complete years 2010 2011 2012	Current Fee * Required Fee Category for OAC 3701-31-02.2 (Include State Amount)
Public Swimming Pool		
Public Spa		
Special Use Pool		
Additional Facility at same location		

Indicate below any additional fees that you charge your public swimming pool/spa/special use pool (if applicable):

Fee Types	Current Fees
Water Sample (total coliform)	
Others (please specify)	

Name and Certification # of OEPA Approved Lab used by LHD for water analysis, if applicable:

Please indicate the names of sanitarians, technicians, and support staff that participates in the public swimming pool/spa/special use pool program.