



Application for Public Swimming Pool/Spa Quarterly Bacteria Sampling Schedule

Swimming Pool Number: _____

Pool

Spa

Other

Facility Name: _____

Facility Address: _____

Facility Phone: _____ Facility Email: _____

Name of Person in Charge: _____

Is the Person in Charge a Certified Pool Operator? Yes No

If Yes, CPO#: _____ (Include CPO certificate with Application)

If No, has the Person in Charge attended the training provided by the Kalamazoo County Health and Community services Department within the last twelve months? Yes No

Applicant Signature: _____ Date: _____

Submit Application and CPO certificate to EHincoming@kalcounty.com

For Office Use Only

Previous four weeks of bacterial samples negative for Coliform bacteria? Yes No

Swimming pool in compliance with all other laws, regulations, and rules? Yes No

Monthly Pool/Spa Operation Reports submitted within ten days of new month? Yes No

Action: Approved Denied

Approved By: _____ Date: _____

Reason for Denial: _____
