



KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

Application for Public Swimming Pool/Spa Quarterly Bacterial Sampling Schedule

Applying for: Swimming Pool Spa Other

Name of Facility: _____

Address of Facility: _____

Name of Person in Charge: _____

Is the Person in Charge a Certified Pool Operator? Yes/No CPO# _____
(Attach copy of CPO certificate to the application)

If no, has the Person in Charge attended training provided by the Kalamazoo County Health & Community Services Department within the last twelve months? _____

Applicant Signature _____

For Office use only _____

Have the last four weeks bacterial samples resulted in an acceptable result? _____

Is the Public Swimming Pool/Spa in compliance with State and Local Regulations? _____

Have the Monthly Pool/Spa Operation Reports been submitted to this office within ten days after the end of each month? _____

Quarterly Sampling: Approved Denied

Reviewed by: _____

Approved by: _____

Date: _____

HEALTH AND COMMUNITY SERVICES DEPARTMENT
Environmental Health Unit

311 East Alcott Street | Kalamazoo, MI 49001

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