



**Drinking Water Protection Division
Natural Public Swimming Area
Application for Annual Operating Certificate**

I. FACILITY INFORMATION				
Facility Name:		Certificate #:		
Facility Street Address:				
City:	State:	Zip Code:		
Phone #:	Fax #:			
Email:				
II. CONTACT INFORMATION				
Owner's Name:				
Street Address:				
City:	State:	Zip Code:		
Phone #:	Fax #:			
Email:				
On-Site Secondary Contact Name:			Phone:	
Secondary Contact Email:				
III. OPERATIONAL QUESTIONS				
1. Do you intend to operate this year? (<i>check one</i>)		YES	NO	If "YES", what date due you plan to open?
2. Would you prefer DES staff to perform the pre-season inspection?		YES	NO	
3. Are there suitable restroom within 200 ft. of the swimming area?		YES	NO	
<i>*Please note restrooms MUST BE OPEN during hours of operation.</i>				
4. How have you delineated your swimming area?		ROPES	BUOYS	OTHER:
5. Do you plan to use lifeguards?		YES	NO	
<i>*Please note IF YOU DO NOT PLAN TO USE LIFEGUARDS, PERMANENT SIGN(S) MUST BE POSTED at the entrances to the swimming area and state as a minimum, "NO LIFEGUARDS ARE ON DUTY AT THIS SWIMMING AREA".</i>				
IV. FACILITY DIRECTIONS		MAP SKETCH (Optional)		
<i>Give directions to your facility in detail. Attach additional pages if necessary</i>		<i>Attach additional pages if necessary</i>		
Applicant's Signature:			Date:	
IN-OFFICE USE ONLY				
Bacteriological Sample Results		<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	Date of Sampling:
Certificate Issued?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	If "YES", Date of Issue:
Department Signature:			Date:	



SC DEPARTMENT *of*
**ENVIRONMENTAL
SERVICES**

Instructions for Completing DES 1926

Title, Revision:

Natural Public Swimming Area Application for Annual Operating Certificate

Purpose:

This form is to be used by owners and/or operators of natural public swimming areas. The form should be filled out annually and lets the Department know whether or not the facility intends to operate for the upcoming swimming season.

This application must be submitted to the following address:

SCDES - Drinking Water Protection Division

2600 Bull St.

Columbia, SC 29201

Item by Item Instructions:

I. FACILITY INFORMATION: Document the sample filename

- Enter the facility name in the first space. Enter the certificate number in the space to the right.
- Enter the facility information including: address, city, state, zip code, phone number, fax number and email address.

II. CONTACT INFORMATION: Document the sample filename

- Enter the facility owner's information including: name of owner, address, city, state, zip code, phone number, fax number and email address.
- Enter secondary on-site contact for facility, including: name, phone, and email address.

III. OPERATIONAL QUESTIONS:

- Check 'YES' or 'NO' to indicate whether the facility will be operated this year.
 - » If the answer is 'YES', indicate the anticipated opening date.
- Check 'YES' or 'NO' to indicate whether you would like regional staff to perform a pre-season inspection.
- Check 'YES' or 'NO' to indicate if there are suitable restrooms within 200 feet of the bathing area.
- Indicate how the swimming area is delineated. Check 'ROPES', 'BUOYS', or 'OTHER', according to the method your facility is using.
 - » If 'OTHER' is selected, please write in the space provided what method of delineation you plan to use.

IV. FACILITY DIRECTIONS/MAP SKETCH:

- Please write detailed directions to your facility.
- Please draw or sketch a simple map to your facility in order to assist our staff in finding your natural swimming area.
- Use additional pages if necessary.

Applicant's Signature/Date: Applicant signs and dates the application.

Office Mechanics and Filing:

This form should be filed in the Recreational Waters File Room according to the facility certificate number.