



**Bureau of Water
Swimming Pool/Spa Facility Information Sheet**

*Please fill out all the information requested below and return to SCDES Pool Inspector, or mail to SCDES Central Office at the following address:
Attn: Recreational Waters | SCDES - Bureau of Water | 2600 Bull Street | Columbia, SC 29201*

Date: _____

I. FACILITY INFORMATION			
Name of Facility:			
Permit #'s:			
# Indoor Pools/Spas:		# Outdoor Pools/Spas:	
Physical Address:			
City:	State:	Zip Code:	Phone #:
II. CONTACT INFORMATION			
Facility Owner's Name:			
Address:			
City:	State:	Zip Code:	Phone #:
Facility Owner's Email:			
Management Company: <i>(if applicable)</i>			
Address:			
City:	State:	Zip Code:	Phone #:
Management Company's Email:			
Pool Operator of Record:			
Address:			
City:	State:	Zip Code:	Phone #:
Pool Operator's Email:			
Best Mailing Address for Invoice:			
City:	State:	Zip Code:	
III. INSPECTION INFORMATION			
Designated Person to Sign Inspection Forms On Site:			
Location where inspection form is to be left, if no one is on site to sign:			
Pool Log Location: <i>(Accessible during inspection)</i>			
Pool Equipment Room Access Code: <i>(If applicable)</i>			

Form Filled Out By: <i>(print name)</i>	Title:
Signature:	



Instructions for Completing DES 3441

Title, Revision:

Swimming Pool/Spa Facility Information Sheet

Purpose:

For collection of address and inspection related information.

This application must be submitted to the following address:

Attn: Recreational Waters
SCDES - Bureau of Water
2600 Bull St.
Columbia, SC 29201

ITEM BY ITEM INSTRUCTIONS FOR COMPLETING THIS FORM:

Facility will enter the date in the first space.

I. FACILITY INFORMATION

- Facility will fill in name of facility and the permit number(s) of the pool or spa.
- Facility will fill in the number of indoor pools/spas, and the number of outdoor pools/spas.
- Facility is to make a mark in the blank if there is no change in information from the previous year.
- Facility is to fill in the physical address of the pool/spa along with the phone number.

II. CONTACT INFORMATION

- Facility is to fill in the owner's name, address, phone number, and e-mail address.
- Facility is to fill in the management company's (if applicable) name, address, phone number, and e-mail address.
- Facility is to fill in the Certified Pool Operator's name, certification number, address, phone number, and e-mail address.
- Facility is to fill in the best mailing address for invoices to be sent to.

III. INSPECTION INFORMATION

- Facility will fill in the name of the person designated to sign the inspection form on site.
- Facility will fill in the location where the inspection form is to be left on site (if no one is on site to sign).
- Facility will fill in the location where the pool log is kept.
- Facility will fill in the access code for the pool or equipment room (if applicable).

Designated individual who filled out form will print their name and their job title.

Designated individual who filled out form will sign their name.

Office Mechanics and Filing:

This form will be kept in the Central Office and District main swimming pool files. Form retention schedule is in accordance with Recreational Waters Retention Schedule Number HEC-SRW-RW-1R