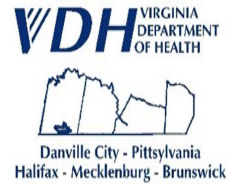




Commonwealth of Virginia

POOL APPLICATION Southside Health District

Pittsylvania-Danville and Southside
Health Districts



I/we hereby make application to the Local Health Department to operate a pool

Seasonal _____ Year Round _____ Pool _____ Spa _____

Owner/ Corporation Name: _____ Phone: _____

Address: _____ Zip Code: _____

Fax: _____ Email Address: _____

Facility Name: _____ Hours of Operation: _____

Facility Address: _____ Zip Code: _____

Operator(s) Name(s): _____ Contact Phone: _____

I/we attest to the accuracy of the information provided, affirm to comply with the Regulations of the Health Department and understand that per Chapter 460. Regulations Governing Tourist Establishment Swimming Pools and Other Public Pools and Chapter 462. Swimming Pool Regulations Governing the Posting of Water Quality Test Results, the Commissioner of Health or his authorized representative (s) shall have the right to enter the premises of the establishment at any reasonable time to inspect, conduct test or collect samples as required/needed. I/we further agree to accept notices issued and served by the regulatory authority.

Signature _____ Date _____

Signature of Certified Pool Operator / or Designated Person in Charge

Print Name _____ Date _____

Submit Application to:

Brunswick County Health Department
1632 Lawrenceville Plank Road
Lawrenceville, VA 23868
Phone: 434-848-2525
Fax: 434-848-2235

Halifax Co. Health Department
P. O. Box 845
Halifax, VA 24558
Phone: 434-476-4863
Fax: 434-476-4869

Mecklenburg Co. Health Department
969 Madison Street
Boydton, VA 23917
Phone: 434-738-6815
Fax: 434-738-2695

Email address for Southside Health District: environmentalhealthsshd@vdh.virginia.gov