



Swimming Pool/Spa Facility Information Sheet
Bureau of Water

PLEASE FILL OUT **ALL** THE INFORMATION REQUESTED BELOW AND RETURN TO SCDHEC POOL INSPECTOR
OR MAIL TO SCDHEC CENTRAL OFFICE AT THE FOLLOWING ADDRESS:
BUREAU OF WATER/ RECREATIONAL WATERS 2600 BULL STREET COLUMBIA SC 29201

Date: _____ Name of Facility: _____ Permits #(S): _____

Number of Indoor Pools/Spas: _____ Number of Outdoor Pools/Spas: _____

Physical Address of Facility: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Contact Information (please print clearly)

Facility Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Owner's E-mail Address: _____

Management Company(if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Management E-mail Address: _____

Pool Operator of Record: _____ Cert #: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Pool Operator E-mail Address: _____

Best Mailing Address for Invoice: _____

City: _____ State: _____ Zip: _____

Inspection Information (please print clearly)

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 is Kept (Accessible Location During Inspection): _____

Pool Equipment Room Access Code (if applicable): _____

Form Filled Out By (print name): _____ Title: _____

Signature: _____

Instructions for completing DHEC Form 3441 Swimming Pool/Spa Facility Information Sheet

PURPOSE: For collection of address and inspection related information.

INSTRUCTIONS FOR COMPLETION:

1. Facility will fill in the date, name of facility and the permit number(s) of the pool or spa.
2. Facility will fill in the number of indoor pools/spas, and the number of outdoor pools/spas.
3. Facility is to make a mark in the blank if there is no change in information from the previous year.
4. Facility is to fill in the physical address of the pool/spa along with the phone number.
5. Facility is to fill in the owner's name, address, phone number, and e-mail address.
6. Facility is to fill in the management company's (if applicable) name, address, phone number, and e-mail address.
7. Facility is to fill in the Certified Pool Operator's name, certification number, address, phone number, and e-mail address.
8. Facility is to fill in the best mailing address for invoices to be sent to.
9. Facility will fill in the name of the person designated to sign the inspection form on site.
10. Facility will fill in the location where the inspection form is to be left on site (if no one is on site to sign).
11. Facility will fill in the location where the pool log is kept.
12. Facility will fill in the access code for the pool or equipment room (if applicable).
13. Designated individual who filled out form will print their name and their job title.
14. 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