Office Use Only: ID #	Assigned Inspector	Check#	Amount

STATE OF MAINE HEALTH INSPECTION PROGRAM
LICENSE APPLICATION FOR Public Pools/Spas

Applicant Information

Establishment Name: _____

Location of Business, E-911 Address: _____ Town/City, Zip Code: _____

Mailing Address; Town/City, Zip Code: _____

Business Telephone: _____ Business E-mail: _____

Contact Person's Name: _____ Contact Phone #: _____

Contact E-mail: _____ Certified Pool Operator (CPO) Certificate: _____

THERE IS A 30 DAY REVIEW PERIOD AFTER RECEIPT OF A COMPLETE APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED FOR COMPLETION. IT IS ILLEGAL TO OPERATE UNTIL AN INSPECTION HAS BEEN COMPLETED AND A LICENSE IS ISSUED.

Do you have a Newly Constructed, Reconstructed, or Altered ☐ or Existing ☐ pool or spa? Please check one.

All applicants must complete:

- **Sections 1-8.**
- **Registration Form (Appendix A.1 for pools; Appendix A.2 for spas), if not on file already.**

Additionally for NEW CONSTRUCTION, RECONSTRUCTED, OR ALTERED POOLS AND SPAS:

- **Appendix D must be completed, dated, signed, and sealed by a Maine licensed Professional Engineer (P.E.). (Sealing only the design documents is not acceptable.) To search for Maine licensed P.E.s, please visit the Regulatory Licensing and Permitting site located here.**

1. Licensing Information:

This business (check one):
☐ is new and has never been licensed.
☐ is presently or ☐ was previously licensed by the Health Inspection Program (HIP). If so, provide HIP License ESTID# _____.

2. Business Information:

Please check one: ☐ Corporation/LLC ☐ Individual ☐ Partnership ☐ Association ☐ Other
Corporation/LLC, Individual, Partnership, Association or Other Name: _____

Owner(s) Name: _____

Owner(s) Mailing Address: _____

My business corporation is in good standing with the Secretary of State and all State Licensing Boards.
☐ Yes ☐ No

3. Former Owner's Information, if applicable:

Former Owner's Name: _____ Former Business Name**:** _____

4. **Business Proposal:**

Check all boxes that apply: ☐ change ownership ☐ adding pool/spa ☐ new construction ☐ reconstructed or altered

5. **Enter the number of pools below and submit the appropriate payment along with acopy of your valid Certified Pool Operator certificate (CPO) (see #6 below for approved courses).**

Number of Pools Inside: _____ Number of Pools Outside: _____

Number of Spas Inside: _____ Number of Spas Outside: _____

Total License Fee $_____

PUBLIC POOLS/SPAS	FEE
First Pool **or** Spa	$70.00
Additional Pools **or** Spas	$35.00 each
MISCELLANEOUS FEES	
Reprint License	$25.00
Late Renewal within 30 days of license expiration date	$25.00
Late Renewal more than 30 days after expiration date	$100.00 for 1st offense + $25.00 for first 30 days
Additional Inspection	$100.00
Insufficient Funds	$25.00
Nonprofit – No license required if fewer than 12 events/year	$0.00

6. **Select a Certified Pool Operator Course from the list below, submit a certificate of course completion with your application.**

Training	Website	Contact	✓
Pool & Hot Tub Alliance	https://www.phta.org	Email: service@phta.org Tel: (703)-838-0083	☐
Pool Operation Management	https://pooloperationmanagement.com	Email: info@pooloperationmanagement.com Tel: (732)-451-1040 or (800)-922-0530	☐
Nationwide Aquatic Consulting	https://www.nac4h2o.com	Email: nac4h2o@aol.com Tel: (888)-833-5770	☐
Aquatic Training Institute	https://aquatictraininginstitute.com	Email: info@aquatictraininginstitute.com Tel: (855)-766-5278	☐
Clear Advantage LLC	In person training	Ed Price Email: ed@clearadvantage.me PO BOX 176 Cornish ME 04020 Tel: (207)-232-2891	☐

7. Wastewater Disposal. (If pool/spa constructed prior to 1/1/26 skip to section 8)

Please select one (A, B, C, or D) to indicate the method of backwash and/or pool discharge disposal utilized by your pool or spa.

A. ☐ Public Sewer System. Name of Public Sewer: _____ Before discharging any pool and/or spa water to a public sewer system, the operator must obtain authorization from the receiving sewer authority and submit a copy of the approval letter.

I received permission from the public sewer entity. YES ☐ NO ☐

B. ☐ Private Onsite System. Requires Appendix C (page #7) ("Onsite Wastewater Disposal System – Local Review and Verification Form") and the HHE 200 form. Your Local Plumbing Inspector must verify compliance with the Maine Subsurface Wastewater Disposal Rules, 10-144 CMR 241. If the municipality cannot locate these design(s) please contact the Department at 207-287-7690 to request a search of the State database of disposal system records.

C. ☐ Overboard Discharge License. Requires submission of a copy of the Overboard Discharge License and Appendix C, signed by your town's Local Plumbing Inspector.

D. ☐ Surface or body of water. Before disposing of any pool and/or spa water onto any surface or into any body of water, the operator must obtain permission from the Department of Environmental Protection (DEP) and attach a copy of the approval letter. Please contact DEP at 207-615-6711 or email laura.crossley@maine.gov.

I received permission from DEP. YES ☐ NO ☐

8. 22 MRS §2497. Right of entry, inspection and determination of compliance

The department and any duly designated officer or employee of the department have the right, without an administrative inspection warrant, to enter upon and into the premises of any establishment licensed pursuant to this chapter at any reasonable time in order to determine the state of compliance with this chapter and any rules in force pursuant to this chapter. Such right of entry and inspection extends to any premises that the department has reason to believe is being operated or maintained without a license but no such entry and inspection of any premises may be made without the permission of the owner or person in charge unless a search warrant is obtained authorizing entry and inspection.

I,_____, Owner/Operator of the business, **hereby state that the**
PLEASE PRINT YOUR NAME CLEARLY

I certify that the information provided in this application is accurate to the best of my knowledge. I understand that any deliberate falsification of information herein is sufficient cause for denial of a license for public pool or spa operation. I further understand that if falsification is discovered after a license has been issued, it may result in penalties, fines and other sanctions as authorized by applicable licensing statutes and rules, as well as any other penalties provided by law.

Applicant's Signature_____Date of Signature _____

Make check payable to: Treasurer, State of Maine, and mail to:

HEALTH INSPECTION PROGRAM
286 WATER ST 3RD FL
AUGUSTA, ME 04333

Within 15 Days of Planned Operation:
Receive a pre-operational inspection to allow the Department sufficient time to review the inspection findings and approve the pool and/or spa for licensure.

Appendix A.1 REGISTRATION FORM FOR NEW AND EXISTING PUBLIC SWIMMING POOL

Fill out **one** registration form for **each** pool.

1. Owner/Operator of Pool: _____
2. Establishment: _____
3. Date Pool was installed: _____. If applicable, provide date Pool was last altered: _____.
4. Location of Pool: Indoor ☐ Outdoor ☐
5. Capacity in Gallons: _____
6. Dimensions for **In-Ground Pool:** Length:____FT. Width:_____FT. Surface Area:_____FT²
   Greatest Depth:_____FT. Minimum Depth:_____FT. Maximum Bottom Slope:_____%
   Dimensions for **Above Ground Pool:** Round: Depth:_____FT. Diameter:_____FT.
   Greatest Depth:_____FT. Minimum Depth:_____FT.
   Maximum Bottom Slope:_____% Square or Rectangular: Length_____FT.
   Width_____FT. Surface Area:_____FT² Greatest Depth:_____FT.
   Minimum Depth:_____FT. Maximum Bottom Slope:_____%
7. Recirculation Pump Capacity:_____GPM
8. Turnover Rate in Hours:_____ HRS.
9. Type of Filter (Check One) ☐ Sand Filter ☐ High-Rate Sand Filter ☐ Diatomaceous Earth
   ☐ Cartridge Filter ☐ Other Specify _____
   Loading rate: Recirculation Rate_____GPM/SQ. FT. Filter Area_____SQ. FT.
10. Method of Filter Backwash Disposal: ☐ LPI approved gray water system ☐ public sewer system
    ☐ ground with DEP approval.
11. Method of Pool Water Disposal: ☐ LPI approved gray water system ☐ public sewer system
    ☐ ground with DEP approval.
12. Diameter of Recirculation Piping:_____(inches)
13. Number of Skimmers: _____
14. Size of Gutter:_____(REQUIRED IF POOL SURFACE AREA IS GREATER THAN 1600 SQ FT.)
15. Height of Board (if any):_____Depth of water 12 feet beyond end of board: _____

REQUIRED DEPTH FOR DIVING BOARD OR PLATFORM: 8'-6" FOR 2' BOARD HEIGHT OR LESS; 10'-0" FOR 1 M. BOARD HEIGHT OR LESS.

16. Purification equipment: _____
17. Amount of chemicals used per day, in pounds
    Chlorine:_____Alum: _____
    Soda Ash:_____Other: _____
18. Fresh Water Supply Source: _____
19. Average Bathing Load per day: _____
    Number of Showers:_____Location: _____
    Number of Toilets:_____Urinals:_____Location: _____

☐ This newly constructed, reconstructed or altered pool built after June 1, 2023, meets relevant ANSI standards specified in Maine's *Rules Relating to Public Swimming Pools and Spas* (10-144 CMR, Chapter 202), and was approved by a Maine-licensed P.E., [Include completed Appendix D of this application]

Appendix A.2 REGISTRATION FORM FOR NEW AND EXISTING PUBLIC SPA

Fill out **one** registration form for **each** spa

1. Owner/Operator of Spa:_____
2. Establishment: _____
3. Date Spa was installed: _____. If applicable, provide date Spa was last altered: _____.
4. Location of Spa: Indoor ☐ Outdoor ☐
5. Capacity in Gallons: _____
6. Dimensions for Spa: Depth:_____FT. Diameter:_____FT.
7. Recirculation Pump Capacity:_____GPM
8. Turnover Rate in Hours:_____HRS.
9. Type of Filter (Check One) ☐Sand Filter ☐High-Rate Sand Filter ☐Diatomaceous Earth ☐Cartridge Filter ☐Other Specify: _____
   a. Loading rate: Recirculation Rate_____GPM/SQ. FT. Filter Area_____SQ. FT.
10. Method of Filter Backwash Disposal: ☐ LPI approved gray water system ☐ public sewer system ground with DEP approval
11. Method of spa water disposal: ☐ LPI approved gray water system ☐ public sewer system ☐ ground with DEP approval
12. Diameter of Recirculation Piping:_____(inches)
13. Number of Skimmers: _____
14. Purification equipment: _____
15. Amount of chemicals used per day, in pounds
    1. Chlorine:_____Alum: _____
    2. Soda Ash:_____Other: _____
16. Fresh Water Supply Source: _____
17. Average Bathing Load per day: _____
    Number of Showers:_____Location: _____
    Number of Toilets:_____Urinals:_____Location: _____

☐ This new commercial SPA/Hot Tub built after June 1, 2023, includes certification from the manufacturer or supplier that it meets the minimum standards for public spa design and operation set forth by the American National Standard for Public Spas (ANSI/NSPI-2 1999), as amended. (Please provide certification) If certification to ANSI/NSP-2 1999 cannot be provided by the manufacturer or supplier, the applicant must hire a licensed Maine P.E. to review the design and provide a completed Appendix D of this application for each spa being registered.

Appendix B

STATE OF MAINE
RULES RELATING TO PUBLIC POOLS AND SPAS
CHAPTER 202 EXCERPT

SECTION 2. REGISTRATION, PLANS AND CONSTRUCTION

A. Registration

1. No city, town, village, plantation, institution, school, civic club, organization, person, firm or corporation, may operate or maintain any public pool or spa without first having registered the same with the Department. Forms for this purpose are available from the Department.

2. Any residential pool or spa located on the premises of a lodging establishment licensed by the Department and not intended for the use of the facility guests or clients must be clearly posted as not available for public use.

B. Approval of Plans

1. No city, town, village, plantation, institution, school, civic club, organization, persons, firm or corporation may construct any public pool or spa or make changes in any already built or in the appurtenances thereof, until the plans have been submitted to, and approval received from the Department. Applicable standards for all new and modified public pools and spas are listed in Sections 2(B)(2) through 2(B)(6). Copies of the standards are available for inspection at the Department offices during normal business hours.

2. Minimum standards for in-ground public pool design and operations (Class A, B, C, and F) are those set forth by the American National Standards for Public Swimming Pools (ANNSI/NSPI-1 2003) as amended.

3. Minimum standards for above-ground or on-ground public pool design and operations (Class C*) arethose set forth by the American National Standard for Aboveground/ On-ground Residential Swimming Pools (ANSI/NSPI-4 1999), as amended.

4. Minimum standards for public spa design and operation are those set for by the American National Standard for Public Spas (ANSI/NSPI-2 1999), as amended.

5. Minimum standards for all Class D pool design and operation are those set forth by the American National Standard for Aquatic Recreation Facilities (ANSI/IAF-9 2005) as amended.

6. All Class A, B, C, and F public pools and all public spas, must comply with the specifications in Section 6(E), Entrapment prevention for Public pools/spa.

*Per the Public Pool/Spa Rules, class C pools include pools intended for use by paid guests and patrons of licensed lodging establishments and clients of childcare facilities.

Appendix C Pool/Spa
Onsite Wastewater Disposal System - Local Review and Verification Form

This form is to be used by Health Inspection Program public pool/spa license applicants to demonstrate that their facility has adequate **wastewater disposal** system capacity for the use proposed. This form must be presented to the Local Plumbing Inspector of the municipality where the facility is located for review and approval of wastewater disposal system capacity.

Please include this completed form with your license application.

To be completed by the Owner/Applicant for all pools Date:_____

Facility Name: _____

Facility Physical Address: _____

Facility: ☐Owner ☐Operator:_____

Telephone:_____E-Mail_____

Mailing Address if different from address above: _____

Please have the Local Plumbing Inspector at your town office verify that he/she has reviewed your proposal and has determined that: **A**) the existing wastewater disposal system has the capacity required for your proposal, Public Pool or Spa Water Disposal. **B**) Backwash Disposal **1**. Backwash may be discharged in an approved subsurface wastewater disposal system sized, designed and installed in conformance with the Maine Subsurface Waste-water Disposal Rules, 10-144 CMR, Chapter 241. **2**. Backwash water must enter the approved disposal system through an air gap that is at least 1.5 times the backwash pipediameter, or other LPI or Department-approved method to prevent backflow. **Uses that increase wastewater disposal system design flows by more than 25%, including prior unapproved increases, must be installed at the time of expansion or change of ownership as required in Section 9 of the Maine Subsurface Wastewater Disposal Rules.**

To be completed by the Local Plumbing Inspector:

MANDATORY: LPI please write in number of indoor/outdoor public pools/spas

_____POOLS IN_____POOLS OUT_____SPAS IN_____SPAS OUT
_____ OBD COMPLIANT (Y/N?) (If has an Overboard Discharge System for wastewater disposal, contact DEP Compliance staff: https://www.maine.gov/dep/water/wd/OBD/index.html) _____ # Gallons Licensed to Discharge

(To request a record search for difficult to find permits please visit www.mainepublichealth.gov/septic-systems)

I,_____, the undersigned, have reviewed the proposal for the subject property and find that the property is either served by an existing wastewater disposal system that meets the design requirements for the proposed use or the applicant has submitted an application for an expanded system design (and installation if required by the Expansion section of the Rules) that meets the design requirements of the Rules and any relevant local ordinances for the proposed use.

LPI Signature_____**Date**_____

LPI Printed Name_____

APPENDIX D

MAINE PUBLIC POOL/SPA

Plan and Specification Approval by Maine Professional Engineer

Public Pool/Spa Facility Name: _____

Public Pool/Spa Address: _____

Maine Professional Engineer Name: _____

Maine Professional Engineer Contact Information: _____

_____

As a currently licensed Maine Professional Engineer in good standing (32 MRS Chapter 19, Sub ch. 3), I confirm that I received a copy of the appropriate New Public Pool or Spa Checklist from the State of Maine CDC Health Inspection Program.

I attest that I have reviewed the above-named public pool or spa designs and determined that such plans and specifications meet the applicable minimum standard for this public pool or spa, published by the American National Standards Institute (ANSI) and the National Pool and Spa Institute (NSPI) and required by the *Rules Relating to Public Pools and Spas* (10-144 CMR Chapter 202, Section 2(B)) and Maine Public Law *An Act to...Change Requirements for the Approval of Public Pool and Spa Plans* (PL 2023, ch. 113, § 2).

The Maine Professional Engineer must date, sign and seal this Appendix D. Sealing only the designs will not be accepted.

Maine Professional Engineer Seal

Date: _____

Signature: _____