



**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 LOCAL SCDHEC OFFICE AT THE FOLLOWING ADDRESS:

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. This item is to be filled out only by DHEC personnel. The address where the information is to be returned should be listed on the first line of the form. The address will vary from district to district.
2. Facility will fill in the date, name of facility and the permit number(s) of the pool or spa.
3. Facility will fill in the number of indoor pools/spas, and the number of outdoor pools/spas.
4. Facility is to make a mark in the blank if there is no change in information from the previous year.
5. Facility is to fill in the physical address of the pool/spa along with the phone number.
6. Facility is to fill in the owner's name, address, phone number, and e-mail address.
7. Facility is to fill in the management company's (if applicable) name, address, phone number, and e-mail address.
8. Facility is to fill in the Certified Pool Operator's name, certification number, address, phone number, and e-mail address.
9. Facility is to fill in the best mailing address for invoices to be sent to.
10. Facility will fill in the name of the person designated to sign the inspection form on site.
11. Facility will fill in the location where the inspection form is to be left on site (if no one is on site to sign).
12. Facility will fill in the location where the pool log is kept.
13. Facility will fill in the access code for the pool or equipment room (if applicable).
14. Designated individual who filled out form will print their name and their job title.
15. 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