



Purpose: This form is to be used by owners and/or operators of natural public swimming areas. The form should be filled out annually and lets the Department know whether or not the facility intends to operate for the upcoming swimming season.

This application must be submitted to the following address:  
SC DHEC - Drinking Water Protection Division  
2600 Bull St. Columbia, SC 29201

ITEM BY ITEM INSTRUCTIONS FOR COMPLETING THIS FORM:

Enter the facility name in the first space. Enter the certificate number in the space to the right.

**SECTION 1. CONTACT INFORMATION:**

In the left column of section 1, enter the owner's information including: name of owner, address, city, state, zip, phone number, fax number and email address.

In the right column of section 1, enter the on-site information including: primary contact name, address, city, state, zip, phone number, fax number and email address.

**SECTION 2. FACILITY INFORMATION:**

Circle yes or no to indicate whether the facility will be operated this year. If the answer is yes, indicate the anticipated opening date.

Circle yes or no to indicate whether you would like regional staff to perform a pre-season inspection.

Circle yes or no to indicate if there are suitable restrooms within 200 feet of the bathing area.

Indicate how the swimming area is delineated. Circle ropes, buoys, or other according to the method your facility is using. If other is selected, please write in the space provided what method of delineation you plan to use.

Please write directions to your facility.

Please draw or sketch a simple map to your facility in order to assist our staff in finding your natural swimming area.

Sign and date the application.

Office Mechanics and Filing: This form should be filed in the Recreational Waters File Room according to the facility certificate number.