



Division of Environmental Health

Application for Public Swimming Pool Operation Permit

Application must be completed in full to be valid

Pool Information:

Name of Pool: _____ Primary Mailing Address: Yes No

Pool Address: _____ City: _____ Zip: _____

Type of Pool:

Swimming Pool Wading Pool Spa Other (Describe below)

Description (if Other): _____

Date Constructed or Remodeled: Before May 1, 1993 After May 1, 1993

Dates of Operation: Opening Date _____ Closing Date _____

Hours of Operation: Opening Time _____ Closing Time _____

Owner Information:

Name of Owner: _____ Primary Mailing Address: Yes No

Mailing Address: _____ City: _____ Zip: _____

Contact Person: _____ Telephone: _____ E-Mail: _____

Operator Information:

Name/Company: _____ Primary Mailing Address: Yes No

Mailing Address: _____ City: _____ Zip: _____

Contact Person: _____ Telephone: _____ E-Mail: _____

Operator Training By: National Swimming Pool Foundation Certificate #: _____

Other (Please Specify): _____

Note: This application continues on the next page. The entire application must be completed with all supporting documentation. No permits will be issued without complete application.

Drain Safety Compliance Information

Name of Pool: _____

of Pumps on Pool _____

← Note: Separate submissions required for each pump system

Pump Information: Circulation Hydrotherapy Feature Other _____

Pump Manufacturer: _____ Model #: _____ Horse Power: _____

Maximum Pump Flow (100% of Manufacturer's Specifications) _____ gallons per minute

Maximum Pump Flow reduced to : _____ gallons per minute (requires supporting evidence)

You must also provide all supporting information: pump curves, manufacturer's specification sheets for drain/equalizer covers, and engineer certification (if a flow reduction is needed or if manufacturer labels are missing or illegible on your pump).

Drain Sump Measurements

Round: _____ inches in diameter Rectangular: _____ inches X _____ inches

Minimum Sump Depth: _____ inches Drain pipe outlet diameter: _____ inches

Distance of top (inside) of outlet pipe from bottom of cover/grate: _____ inches

Drain Cover/Grate Information

Number of drains on the same pumping system: _____ Distance between drains (on centers): _____

Cover/Grate manufacturer: _____ Model: _____ Date Installed: _____

Maximum flow rating or cover/grate: _____ gpm (floor) _____ gpm (wall)

Number of operable skimmer equalizers: _____ (Note: Equalizer information is only required for circulation pumps)

Equalizer fitting manufacturer: _____ Model: _____ Date Installed: _____

Equalizer fitting maximum flow rating: _____ gallons per minute

Expiration Date: Drain covers/grates _____ Expiration Date: Equalizer fittings _____

Safety Vacuum Release System (SVRS) – SVRS required if dual drains are closer than 3 feet on center or pump has a single drain with blockable cover or sump. (Single drain pools must also have at least 1 functioning skimmer.)

Safety Vacuum Release System manufacturer: _____

I hereby certify that the information provided in this application is correct and that the drain covers/grate and equalizer fittings indicated above were installed in accordance to the manufacturer's instructions provided with the equipment. I understand that incomplete or inaccurate application information will delay the issuance of an operation permit and; therefore, the opening of the public swimming pool in question.

Submitted by: _____
Print Name Signature

Date: _____

REMINDER: Check to be sure the address of the emergency phone is the pool location.