



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. 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)

Any changes to pumps or motors will require documentation (i.e. manufacturer's spec sheet with pump curve, horsepower/rpm rating of motor, etc.) to demonstrate equivalency to previously approved circulation components.

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.