



Division of Environmental Health – 2019

## 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: \_\_\_\_\_

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### Type of Pool

Swimming Pool       Wading Pool       Spa       Specialized Water Recreation

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

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**Dates of Operation:**      Opening Date: \_\_\_\_\_      Closing Date \_\_\_\_\_

**Hours of Operation:**      Opening Time: \_\_\_\_\_      Closing Time \_\_\_\_\_

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### Owner Information

Name of Owner: \_\_\_\_\_ Primary Mailing Address:  Yes  No

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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### Pool Operator Information

Name of Operator: \_\_\_\_\_ Primary Mailing Address:  Yes  No

Name of Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Trained by:  National Swimming Pool Foundation      Certificate #: \_\_\_\_\_

Other (*please specify*): \_\_\_\_\_

**NOTE: This application continues on the next page. The entire application must be completed, and all supporting documentation included.**

**INCORRECT AND/OR INCOMPLETE APPLICATIONS WILL DELAY PERMIT.**

Name of Pool: \_\_\_\_\_

### Drain Safety Compliance Information

#### **Pumps**

# of pumps on pool: \_\_\_\_\_  
(separate submissions required for each pump system)

#### **Pump Information** (requires supporting documentation)

- Circulation
- Hydro-therapy
- Feature
- Other: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_ Horse Power \_\_\_\_\_

Maximum Pump Flow:  gpm  
(requires manufacturer's specifications)

If pump flow is reduced, provide supporting documentation, i.e. engineer certification.

Calculated Pump Flow:  gpm

#### **Drain Covers/Grate**

# of drains on same pumping system: \_\_\_\_\_

Distance between drains (on centers): \_\_\_\_\_

Manufacturer: \_\_\_\_\_  
(requires specification sheets)

Model #: \_\_\_\_\_ Date Installed: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Maximum Flow Rating:

Floor gpm:  Wall gpm:

#### **Skimmer Equalizer Fittings**

# of operable skimmer equalizers: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_ Date Installed: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Maximum Flow Rating: \_\_\_\_\_ gpm

#### **Drain Sump Measurements**

Round \_\_\_\_\_ inches in diameter Minimum Sump Depth: \_\_\_\_\_ inches

Rectangular \_\_\_\_\_ inches X \_\_\_\_\_ inches Drain pipe outlet diameter: \_\_\_\_\_ inches

**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 also acknowledge that all supporting documentation is required with completed application and payment; incomplete or incorrect applications will not be given to the inspections and will delay permitting of the swimming pool.***

Submitted by: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_