

**OPERATION PERMIT APPLICATION
FOR PUBLIC SWIMMING POOL**

DHHS
Division of Environmental Health

POOL INFORMATION

Name of facility _____

Pool address _____ City _____

PERMIT TYPE

- Seasonal
- Annual

POOL TYPE

- Swimming pool
- Wading pool
- Spa
- Wet deck

DISINFECTION TYPE

- Chlorine (solid)
- Salt generator
- Bromine

CONSTRUCTED

- Before May 1, 1993
- After May 1, 1993

OPERATING INFORMATION

Projected opening date _____ Closing date _____ Pool hours _____

VGB replacement since last permit was issued for the main drain covers or the skimmer equalizers –

- No Yes ⇨ Attach new PSDC sheet

OWNER INFORMATION

Name _____

Mailing address _____ City _____ Zip _____

Contact person _____ Phone _____ E-mail _____

OPERATOR INFORMATION

Name _____

Mailing address _____ City _____ Zip _____

Contact person _____ Phone _____ E-mail _____

Certified Pool Operator certificate # _____ Issued by _____

APPLICATION SUBMITTED BY - Signature _____

Date _____ Printed name _____