

**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

Must attach new PDSC sheet each year.

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 _____