



APPLICATION FOR A PUBLIC POOL OPERATING PERMIT

This application must be completed for each new public pool, or an existing public pool if there is a change in name or ownership. Return this application to the address below and please make a photocopy for your records. AN APPLICATION MUST BE SUBMITTED FOR EACH POOL (i.e., a facility with a swimming pool (SwP), a wading pool (WP) and a spa pool (SpP) must submit three (3) applications). INCOMPLETE APPLICATIONS MAY BE RETURNED. If there are any questions regarding this form, call (302) 741-8640. PLEASE PRINT OR TYPE.

**Office of Engineering
 Edgehill Shopping Center
 43 S. DuPont Highway
 Dover, DE 19901**

Application is for: a new pool ; an existing pool (change of name or ownership)

FACILITY/POOL NAME _____

MAILING ADDRESS _____

EMAIL _____ PHONE # _____

LOCATION (if different) _____

PERSON IN CHARGE (*) (pool owner) _____ PHONE # _____

APPROVED POOL OPERATOR (**) _____ PHONE # _____

TYPE OF POOL (choose only one): Swimming Pool-SwP Wading Pool-WP Spa Pool-SpP

TEMPERATURE _____ Water Slide Flume-WSF Special Purpose Pool-SpPP

VOLUME (gal) _____ SOURCE OF POTABLE WATER _____

TYPE OF FILTRATION: Sand Diatomaceous earth-D.E. Cartridge

TYPE OF DISINFECTION: Chlorine without stabilizer (cyanuric acid) Chlorine with stabilizer Bromine

This pool is: Indoors Outdoors Daily operating hours _____

This pool is: Open year around Opens (date) _____ and closes _____

Name of Applicant _____ Title/Position _____

Signature of Applicant _____ Date _____

(NOTE-IF YOU PLAN ANY CHANGES OR REHABILITATION WORK ON THIS POOL, PLEASE CONTACT OFFICE OF ENGINEERING, 43 S. DUPONT HIGHWAY DOVER, DE 19901 - PHONE (302)741-8640 -EMAIL DHSS_OE@DELAWARE.GOV TO DETERMINE IF PLANS AND SPECIFICATIONS MUST BE SUBMITTED FOR A CERTIFICATE OF APPROVAL.)

DO NOT WRITE BELOW THIS LINE - FOR REGULATORY AGENCY USE ONLY

This public pool operating permit application is ____ APPROVED ____ DISSAPPROVED [If disapproved, specify reason(s)]

 (Signature of Program Manager) (Date)

 (Signature of Program Administrator)

 (*) See Definition of Person in charge

 (Date)

 (**) See Definition of Approved and Qualified Operator