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.**

**Doug Lodge, Environmental Engineer IV**
**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**
________________________________________________________________________

**PHONE #**
__________________________

**LOCATION (if different)**
________________________________________________________________________

**PERSON IN CHARGE (pool owner)**
__________________________

**PHONE #**
__________________________

**APPROVED POOL OPERATOR (pool owner)**
__________________________

**PHONE #**
__________________________

**TYPE OF POOL (choose only one):**
□ Swimming Pool-SwP  ☐ Wading Pool-WP  ☐ Spa Pool-SpP  ☐
□ Water Slide Flume-WSF  ☐ Special Purpose Pool-SpPP  ☐

**VOLUME (gal)**
__________________________

**SOURCE OF POTABLE WATER**
________________________________________________________________________

**TYPE OF FILTRATION:**
□ Sand  ☐ Diatomaceous earth-D.E.  ☐ Cartridge  ☐
□ 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 DOUG LODGE, 43 S. DUPONT HIGHWAY DOVER, DE 19901 - PHONE (302) 741-8640 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)     (Date)

(*) See Section 26.121 of the Regulations  (***) See Sections 26.102 and 26.205 of the Regulations