



*****CREDIT CARD PAYMENTS
IN PERSON ONLY*****

Office Use Only	
Date Rec ____/____/2019	Seasonal/Year Round
Date Paid ____/____/2019	50/53 Pool \$250 each pool
Amount \$_____	51/54 Wading Pool \$250 ea.
Cash Credit Check #_____	52/55 Spa \$250 ea.

2019 PUBLIC SWIMMING POOL OPERATION PERMIT APPLICATION

ADMINISTRATIVE DATA FACILITY OWNER OR LOCAL MANAGEMENT INFORMATION

POOL INFORMATION

POOL/FACILITY NAME _____ PERMIT #04032_____

New Name of Facility (if applicable)_____

STREET ADDRESS OF POOL_____

CITY _____ State _____ ZIP _____

NAME OF OWNER/MANAGEMENT COMPANY_____

MAILING ADDRESS_____

CITY _____ STATE _____ ZIP CODE _____

CONTACT PERSON _____ OFFICE PHONE NUMBER _____

FAX NUMBER _____ EMAIL _____

BILLING ADDRESS FOR RENEWAL APPLICATION & ANNUAL FEE NOTICE IF DIFFERENT FROM ABOVE

NAME _____

ADDRESS_____



CITY _____ STATE _____ ZIP CODE _____

All Additional information to be provided by Staff Certified Pool Operator or Contracted Pool Management Company.

Pool Operator Data to be provided by Staff Certified Pool Operator or Contracted Pool Management Company

1. Facility/pool is operated/managed by (check one)

Staff Certified Pool Operator

Contracted Pool Management Company

Shared arrangement between Contracted Pool Company and on-site staff

2. Pool operator's email:

3. ON-SITE STAFF/OPERATOR(S) IF APPLICABLE

NAME _____ CERTIFICATE NUMBER _____ EXP DATE _____

NAME _____ CERTIFICATE NUMBER _____ EXP DATE _____

NAME _____ CERTIFICATE NUMBER _____ EXP DATE _____

4. POOL COMPANY INFORMATION , if applicable.

POOL MANAGEMENT COMPANY _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT PERSON _____ PHONE NUMBER _____

FAX NUMBER _____ EMAIL _____

LOCK BOX COMBINATION _____ LOCATION _____



5. TYPE OF DISINFECTANT (check one)

CHLORINE BROMINE CHLORINE GENERATOR (SALT)

PUMP AND SAFETY COMPLIANCE DATA

1. **Pumps:** Many pools and all spas have more than one pump per pool or spa. You must provide all requested pump information for each pump. If you have a life-time drain covers please follow instructions below.

Total number of Pumps in Pool or Spa:

PUMP 1 Complete all of Pump 1

A. Pump Flow

- 1) Pump Manufacturer _____ Model# _____
Horsepower ___ hp.
- 2) Maximum Pump Flow. Maximum flow rate *from pump curve*: _____ gpm.
(Provide supporting evidence if flow reduction)

B. Drain Cover/Grate Data

- 3) Number of drains on each pump _____ Distance between drains (on centers) _____
- 4) Cover/grate manufacturer _____, model _____, Lifespan: _____ (if life-time covers indicate NA)
- 5) Maximum flow rating of cover/grate _____ gpm (floor); _____ gpm (wall)
- 6) Drain cover/Grate: **Date Installed** _____ **Expiration Date** _____ (if life time indicate NA)
- 7) **Screws for Lifetime Drain Covers: Life Span** _____ (NA if not Life Time Covers) **Date Installed** _____ **Expiration Date** _____



PUMP 2 Complete all of Pump 2 if you have 2 or more pumps

A. Pump Flow

- 1) Pump Manufacturer _____ Model# _____
Horsepower ___ hp.
- 2) Maximum Pump Flow. Maximum flow rate *from pump curve*: _____ gpm.
(Provide supporting evidence if flow reduction)

B. Drain Cover/Grate Data

- 1) Number of drains on each pump _____ Distance between drains (on centers) _____
- 2) Cover/grate manufacturer _____, model _____, Lifespan: _____
(if life-time covers indicate NA)
- 3) Maximum flow rating of cover/grate _____ gpm (floor); _____ gpm (wall)
- 4) Drain cover/Grate: **Date Installed** _____ **Expiration Date** _____
(if life time indicate NA)
- 5) **Screws for Lifetime Drain Covers: Life Span** _____
Date Installed _____ **Expiration Date** _____

PUMP 3 Complete all of Pump 3 if you have 3 or more pumps

A. Pump Flow

- 1) Pump Manufacturer _____ Model# _____
Horsepower ___ hp.
- 2) Maximum Pump Flow. Maximum flow rate *from pump curve*: _____ gpm.
(Provide supporting evidence if flow reduction)

B. Drain Cover/Grate Data

- 1) Number of drains on each pump _____ Distance between drains (on centers) _____
- 2) Cover/grate manufacturer _____, model _____, Lifespan: _____
(if life-time covers indicate NA)
- 3) Maximum flow rating of cover/grate _____ gpm (floor); _____ gpm (wall)
- 4) Drain cover/Grate: **Date Installed** _____ **Expiration Date** _____
(if life time indicate NA)



5) Screws for Lifetime Drain Covers: Life Span _____

Date Installed _____ Expiration Date _____

PUMP 4 Complete all of Pump 4 if you have 4 or more pumps

A. Pump Flow

1) Pump Manufacturer _____ Model# _____
Horsepower ___ hp.

2) Maximum Pump Flow. Maximum flow rate *from pump curve*: _____ gpm.
(Provide supporting evidence if flow reduction)

B. Drain Cover/Grate Data

1) Number of drains on each pump _____ Distance between drains (on centers) _____

2) Cover/grate manufacturer _____, model _____, Lifespan: _____
(if life-time covers indicate NA)

3) Maximum flow rating of cover/grate _____ gpm (floor); _____ gpm (wall)

4) Drain cover/Grate: **Date Installed** _____ **Expiration Date** _____
(if life time indicate NA)

5) Screws for Lifetime Drain Covers: Life Span _____

Date Installed _____ Expiration Date _____

PUMP 5 Complete all of Pump 5 if you have 5 or more pumps

A. Pump Flow

1) Pump Manufacturer _____ Model# _____
Horsepower ___ hp.

2) Maximum Pump Flow. Maximum flow rate *from pump curve*: _____ gpm.
(Provide supporting evidence if flow reduction)

B. Drain Cover/Grate Data

1) Number of drains on each pump _____ Distance between drains (on centers) _____



2) Cover/grate manufacturer _____, model _____, Lifespan: _____ (if life-time covers indicate NA)

3) Maximum flow rating of cover/grate _____ gpm (floor); _____ gpm (wall)

4) Drain cover/Grate: **Date Installed** _____ **Expiration Date** _____ (if life time indicate NA)

5) **Screws for Lifetime Drain Covers: Life Span** _____

Date Installed _____ **Expiration Date** _____

2. **Equalizer Covers:** Please indicate NA for when needed.

Have the equalizers been disabled?

IF No, then number of operable skimmer **equalizers** _____

If never equipped with equalizers check here and got to # 3. _____

Equalizer fitting Manufacturer _____, model _____,

Lifespan _____

Equalizer fitting maximum flow rating _____

Equalizer cover/grates: **Date Installed** _____ **Expiration Date** _____

3. **Safety Vacuum Release System (SVRS)** – SVRS required if dual drains are closer than 3 feet on center or pump has a single drain.

Safety Vacuum Release System manufacturer or NA if not applicable -



4. **Vacuum line- Choose one (see next page for 3rd choice)**

No vacuum line in pool

Protective cover on vacuum lines installed before May 1, 2010

Self-closing, self-latching cover designed to be opened with a tool on vacuum lines installed after May 1, 2010

5. **Full name of CPO, or Contracted Pool Management Company staff, person providing this information**

PRINT _____

*****CREDIT CARD PAYMENTS IN PERSON ONLY*****

Print Name	Signature	Date
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