



STATE OF DELAWARE
DIVISION OF PUBLIC HEALTH

APPLICATION FOR CLASSIFICATION AS A PRIVATE POOL

Complete and return the original application form to Lisa Flynn at the Environmental Health Field Services (258 Chapman Rd. Suite 105, Newark, DE 19702). Retain a copy for your records. If you have any questions regarding this form, please contact the EHFS at (302) 283-7110.

Name of Facility

Mailing Address

Location (if different)

Contact Person Tel. #

Pursuant to Sections 26.105 & 26.126 of the "State of Delaware Regulations Governing Public Pools," I/we the undersigned affirm that the above facility is in full compliance with all of the following criteria for classification as a private pool. I/WE HAVE PROVIDED PROOF OF THIS COMPLIANCE, e.g., COVENANT, BY-LAWS, SALES AGREEMENT, and I/we agree to promptly notify the Division of Public Health if this facility is no longer in compliance with any of these criteria:

- 1. The pool(s) is/are owned by a legal entity which is in turn owned by the beneficial owners;
2. Pool ownership is part of the ownership of real property by the beneficial owners;
3. The beneficial owners are able to assert ultimate dominion and control over access to and maintenance of the pool(s);
4. No pool memberships are available to non-beneficial owners.

26.105 "Beneficial Owner" means an ownership interest in the entity owning the pool through direct ownership of the real property where the pool is located, direct ownership of stock in a stock corporation owning the real property where the stock represents an equity interest in the corporation, or direct ownership through being a member in a limited liability company (L.L.C.) or a partner in a partnership owning the real property upon which the pool is placed.

Name of Applicant (please print)

Name of Applicant (please print)

Signature & Title of Applicant

Signature & Title of Applicant

Date

Date

DO NOT WRITE BELOW THIS LINE - FOR HEALTH DEPARTMENT USE ONLY

This application for classification as a private pool is APPROVED DISAPPROVED

If disapproved, specify reason(s)

Signature of Program Administrator Date