



**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) 741-8630. 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 (\*\*) \_\_\_\_\_ 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

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 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