



**DELAWARE HEALTH  
AND SOCIAL SERVICES**  
**Division of Public Health**

**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) 744-4546. PLEASE PRINT OR TYPE.

**Delaware Division of Public Health  
Health Systems Protection  
417 Federal Street  
Dover, DE 19901-3635**

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 HEALTH SYSTEMS PROTECTION IN DOVER AT (302) 744-4546 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 \_\_\_ disapproved [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