

Connecticut River Area Health District
PUBLIC POOL LICENSE APPLICATION FORM
Annual license valid from May 15-to May 14

Licensing of all public swimming pools as defined in Item 1 of the CRAHD Public Swimming Pool Licensure Ordinance is required per Item 2 of the Ordinance.

DATE OF APPLICATION: _____

FACILITY NAME: _____

ADDRESS: _____

DAYS AND HOURS OF OPERATION: _____

MONTHS OF OPERATION: _____

POOL SUPERVISOR CONTACT: _____ PHONE: _____

LIFEGUARDS: _____(YES) _____(NO)

CERTIFIED POOL/SPA OPERATOR: _____(YES) _____(NO)

NAME: _____

(Please include a copy of certification)

OUTSIDE POOL MAINTENANCE COMPANY USED: _____(YES) _____(NO)

NAME: _____ PHONE NO: _____

POOL DIMENSIONS:

LENGTH: _____ WIDTH: _____ DEPTH: _____ VOLUME: _____

DISINFECTANT USED: CHLORINE BROMINE OTHER: _____

FILTER TYPE: _____

PUMP SIZE: _____ TURNOVER RATE: _____

ABOVE POOL IS COMPLIANT WITH THE VIRGINIA GRAEME BAKER POOL & SPA SAFETY ACT: _____ YES (Documentation must be submitted) _____ NO (The pool may not be opened until compliant, and documentation is on file with the health district)

FOR NEW PUBLIC POOLS: A LETTER OF COMPLIANCE FROM THE CT DPH MUST BE SUBMITTED AS PART OF THIS APPLICATION FOR LICENSURE.

Office use only:

Date paid:.....Fee (\$100).....ck #.....cash.....