



**BRISTOL-BURLINGTON HEALTH DISTRICT**  
240 Stafford Avenue, Bristol, Connecticut 06010-4617  
Tel. (860) 584-7682 • Fax (860) 584-3814 • www.bbhd.org

Date: April 24, 2014

To: Swimming Pool Owners, Managers or Staff Permit \_\_\_\_\_

From: Charles I. Motes, Jr., MS, MPH, RS  
Director of Health

Subject: Swimming Pool License 2014 Application Information

Name of Facility: \_\_\_\_\_ Address: \_\_\_\_\_

The Bristol-Burlington Health District is requiring the following information be submitted to our office with your completed application and license fee for approval of your 2014-2015 license to operate the swimming pool in your facility.

1. **CIRCLE** type of filter being used as part of the re-circulation system: Sand Filter **or** Diatomaceous Earth Filter.
2. **LIST** the total volume of the pool in gallons. \_\_\_\_\_
3. **LIST** the re-circulation rate in gallons per minute of the flow indicator. \_\_\_\_\_
4. **LIST** the turnover time of the pool in hours (use info from questions 2 and 3 for the following
5. **(CALCULATIONS)**  $\frac{\text{GALLONS}}{\text{G.P.MX60 min/hr}} = \text{HOURS}$  \_\_\_\_\_.
6. **LIST** the physical location of the rate-flow indicator. \_\_\_\_\_
7. Does the pool have an overflow gutter **or** skimmer (**CIRCLE ONE**).
8. **LIST** the type of disinfectant used on the pool deck, shower and toilet rooms. Include a copy of the material safety data sheet of these products so we can confirm it contains a 0.5% chlorine solution or is equivalent  
\_\_\_\_\_
9. **LIST** the name of the person completing this form. \_\_\_\_\_

**PRINT NAME**

**Please be advised your license to operate will not be issued until this form is completed and returned with your application and license fee.**

If you have any questions, please do not hesitate to call our office at **860-584-7682**.