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) GALLONS ________ = HOURS __________.
   G.P.MX60  min/hr

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.