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 .....................