

**BOROUGH OF ALLENDALE
PUBLIC SWIMMING POOL LICENSE APPLICATION FORM**

Date: _____ License No.: _____

Name of Facility: _____

Address: _____

Telephone Number: _____

Name of Owner/Association: _____

Contact Person: _____

Address: _____

Telephone Number: _____

Email Address: _____

Certified Pool Operator Name: _____

Address: _____

Telephone No. _____

Type of Pool: Inground _____ Above Ground _____

Type of Filtration System: _____

Type of Disinfection: _____

Volume in Gallons: _____ Turnover Rate in Hours: _____

Pool Depth: Shallow End: _____ Deep End: _____

Diving Board Available: Yes: _____ No: _____

Emergency Equipment Available: Yes: _____ No: _____

Two Assist Poles or Life Hooks: Yes: _____ No: _____

Two Rings or Rescue Buoys: Yes: _____ No: _____

First Aid Kit: Yes: _____ No: _____

Full Spine Board W.Ties & Strapes: Yes: _____ No: _____

Are Bather Rules Posted: Yes: _____ No: _____

Date Pool Opens for the Season - From: _____ To: _____

Hours Pool Open for the Season- From: _____ To: _____

Responsible person who will be maintaining the daily log of the PH and CHLORINE

Lifeguards Name:

1. _____
2. _____
3. _____

Please provide copies of certification cards for each lifeguard.
If you are exempt from the lifeguard requirement, attach letter from NJSDH.

NJDEP Certified Laboratory you will use for weekly water analysis:

Name: _____
Address: _____
Telephone No: _____ Contact Person: _____

Yearly License Fee: \$400.00 Additional Inspection Fee: \$75.00 _____

Please make checks payable to: Borough of Allendale

PRIOR TO OPENING:

**ELECTRICAL BONDING AND GROUNDING INSPECTION REQUIRED WITH AN ELECTRICAL
CERTIFICATE OF COMPLIANCE TO BE ISSUED**

A POOL INSPECTION IS REQUIRED TOGETHER WITH WATER SAMPLE RESULTS

POOL/SPA SURVEY

COMPLETE INFORMATION REQUIRED FOR EACH POOL AND EACH SPA ON SITE

POOL #1:

TYPE: MAIN INTERMEDIATE WADING SPA

VOLUME IN GALLONS _____ TURNOVER RATE IN HOURS: _____

DEPTH OF POOL (FEET/INCHES): SHALLOW END _____ DEEP END _____

LIST DEPTH OF SPA IN INCHES: _____

TOTAL SQUARE FEET OF POOL/SPA: _____ FLOW RATE (GPM): _____

METHOD OF FILTRATION: SAND DIATAMACEOUS EARTH CARTRIDGE

DISINFECTANT TYPE (LIQUID, GRANULAR) LIST ALL USED:

TYPE	BRAND NAME
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

POOL # 2

TYPE: MAIN INTERMEDIATE WADING SPA

VOLUME IN GALLONS _____ TURNOVER RATE IN HOURS: _____

DEPTH OF POOL (FEET/INCHES): SHALLOW END _____ DEEP END _____

LIST DEPTH OF SPA IN INCHES: _____

TOTAL SQUARE FEET OF POOL/SPA: _____ FLOW RATE (GPM): _____

METHOD OF FILTRATION: SAND DIATAMACEOUS EARTH CARTRIDGE

DISINFECTANT TYPE (LIQUID, GRANULAR) LIST ALL USED

TYPE	BRAND NAME
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____