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) _____	_____