

TOWNSHIP OF ROCHELLE PARK BOARD OF HEALTH
151 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662
PHONE: 201-587-7730 FAX 201-556-0520

SWIMMING POOL/WHIRLPOOL QUESTIONNAIRE & APPLICATION FORM

Name of pool: _____

Address: _____

Owner's name: _____

Owner's address: _____

Contact person's name: _____

Title: _____ Telephone #: _____

Days / Hours of operation: _____

POOL INFORMATION

Type: Indoor: _____ Outdoor: _____

Pool surface area (square feet): _____

Expected average daily load: _____

Disinfection: Chlorine: _____ Bromine: _____ Other (specify): _____

How is disinfectant introduced: _____

If chlorine is used, what is its form: Gas: _____ Powder: _____ Other:(specify) _____

Filtration: Sand: _____ Diatomaceous earth: _____ Other (specify): _____

Depth of pool (feet): _____

*Number of lifeguards provided at one time: _____

Name of certified lab that analyzes water: _____

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HOT TUB/WHIRLPOOL INFORMATION

Surface area: _____

Depth: _____

Disinfection: Chlorine: _____ Bromine: _____ Other (specify): _____

How is disinfectant introduced?: _____

Filtration: Sand: _____ Diatomaceous earth: _____ Other (specify): _____

Name of certified lab that analyzes water: _____

*Please list lifeguard's names and times worked below:

Signature: _____ Date: _____

Title: _____

For Health Department use

Approved ___ Disapproved ___ Date _____ License# _____ Fee paid \$ _____