

Middletown Township / Health Department
27 N. Pennell Road
Media, PA 19063
Phone: 610-565-2700
Fax: 610-566-3640
www.Middletowndelcopa.gov



FOR OFFICIAL USE ONLY

Payment Received _____

Expires _____

License# _____

Application for a License to Operate a Spa Pool
Spa Pool Fee - \$75.00 (each)

Name of Bathing Place: _____

Location of Bathing Place: _____

Name of Owner: _____ Owner Phone #: _____
(Individual, Firm, Association, etc.)

Address for Correspondence: _____

Name of Manager: _____ Manager's Telephone #: _____
(Please Print)

Emergency Telephone Number (if not manager's): _____

Please complete the following in its entirety. Failure to do so will result in a delay in the issuance of your license.

Type of Pool: Recirculation: _____ Flow Through: _____ Fill and Draw: _____

Type of Filters: Gravity: _____ Pressure-sand: _____ Diatomaceous: _____
No. No. No.

Sand Media Last Examined: Date: _____ Condition: _____

Capacity of Pool: Gallons: _____ Size of Pool: L _____ W _____ D _____

Strainer System Last Examined: Date: _____ Condition: _____

Capacity of Recirculation Pump (G.P.M.): _____

Hair Catcher Last Examined: Date: _____ Condition: _____

Electrical Installation Last Inspected (Date): _____

Source of Bathing Water Supply: _____

Drinking Water Supply: _____

Bather Load: _____ Personnel No. of Attendants: _____

No. of Certified Lifeguards: _____ No. with CPR Certification: _____

Signed: _____ **Date:** _____
Signature & Title

The above application is made in accordance with the provisions of the Code of the Township of Middletown and amendments thereto, Ordinance No. 500, Chapter XI, Article 2 (Public Bathing Places).