



BURLINGTON COUNTY HEALTH DEPARTMENT

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Public Health
Prevent. Promote. Protect.

Burlington County Health Department

APPLICATION FOR PUBLIC RECREATIONAL BATHING FACILITY

MUNICIPALITY _____

NAME _____
(Individual, Company, etc.)

ADDRESS _____

TELEPHONE NUMBER _____

NAME, ADDRESS & TELEPHONE NUMBER OF AUTHORIZED AGENT, IF APPLICABLE

FACILITY INFORMATION

TRADE NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

TYPE: POOL HOT TUB WADING POOL LAKE BATHING

STATUS: NEW ALTERATION

METHOD OF BACKWASH DISPOSAL (8:26-6.5) _____

LOCAL MUNICIPAL UTILITIES AUTHORITY (MUA) WRITTEN APPROVAL FOR BACKWASH AND POOL WATER DISCHARGE

PLANS, EQUIPMENT SPECIFICATIONS & CALCULATIONS SUBMITTED

TOWNSHIP ZONING & PLANNING WRITTEN APPROVALS SUBMITTED

SEWAGE DISPOSAL SYSTEM: PUBLIC INDIVIDUAL Septic Approval

POTABLE WATER SYSTEM: PUBLIC INDIVIDUAL Potable Water Test

PROPOSED FOOD SERVICE FACILITY NO YES Food Plan Approval

_____/_____/_____
Name (Print) Signature of Applicant DATE

FOR OFFICE USE ONLY

FEES: _____ NEW APPLICATION-ONE HUNDRED DOLLARS (\$100.00)
_____ ALTERATION OF EXISTING FACILITY- SEVENTY FIVE DOLLARS (\$75.00)

Chapter IX given DATE APPLIC RECEIVED _____ INSPECTOR _____

APPROVED DISAPPROVED APPROVED WITH STIPULATIONS