

# Habersham County Environmental Health Department

130 Jacob's Way STE 102 Clarkesville, GA 30523 Phone: 706-776-7659 Fax: 706-754-7127

## Application for Public Water Recreation Operating Permit

Applications are taken in office: Monday – Thursday between 8:00 AM - 4:00 PM and Friday 8:00AM -2:00 PM

The following items must be received to complete and process your application:

**Permit fees:**

POOL FEES	
Public Swimming Pool Plan Review Fee	\$250.00
Annual Operating Permits:	
Public Swimming Pool	\$100.00
Spa	\$100.00
Additional units (i.e. pool, spa, etc.)	\$25.00
Re-inspection Fee (after unsatisfactory inspection)	\$150.00
Unauthorized Public Recreational Water Operations	\$500.00
Site Prior Evaluation	\$75.00

### Summary of Major Changes

The Department of Public Health amended Chapter 511-3-5 pursuant to its authority under O.C.G.A. Sections 31-2A-6 and 31-45. The updated Chapter reflects current science and best practices incorporated in the Model Aquatic Health Code sponsored by the Centers for Disease Control and Prevention and the International Swimming Pool and Spa Code sponsored by International Code Congress.

- **Permits:** Changes to DPH Rule 511-3-5-.03(2) (a) (d): Requires plan submittal at least 30 days prior to construction and requires a seal or signature by a professional engineer or licensed architect, unless deemed unnecessary by the health authority; An operating permit shall not be valid for more than twelve months. An operational permit will not be issued to a facility if any violation of this Chapter is found during the permitting inspection, if applicable, written evidence of compliance with other state laws or local ordinances is not provided at the time of inspection, or if any outstanding fees are due.
- **Circulation System:** Change to DPH Rule 511-3-5-.07(1) (a), (b): Changes in several turnover rates:
  1. Leisure River: 2 hours.
  2. Wave Pool: 2 hours.
  3. Wading Pool: 60 minutes.
  4. 1.5 times the average depth as hours or 6 hours whichever is less.
- **Return Inlets and Suction Outlets:** Change to DPH Rule 511-3-5-.10(4): Incorporates the latest suction outlet(s) cover testing standard that complies with the VGB Act: ANSI/APSP-16, Suction Fittings for use in Swimming Pools, Wading Pools, Spa, and Hot Tubs.

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Check Appropriate Block(s):	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Spa	<input type="checkbox"/> Recreational Water Park
<input type="checkbox"/> Special Purpose Pool (if marked, please check the type pool):			
<input type="checkbox"/> Activity Pool	<input type="checkbox"/> Continuous Water Course	<input type="checkbox"/> Dual Use Pool	<input type="checkbox"/> Falling-Entry Pool
<input type="checkbox"/> Interactive Play Pool	<input type="checkbox"/> Landing Pool	<input type="checkbox"/> Leisure River	<input type="checkbox"/> Wading Pool
<input type="checkbox"/> Wave Pool	<input type="checkbox"/> Zero-Depth Entry Pool	<input type="checkbox"/> Zero-Depth Pool	<input type="checkbox"/> Other _____
Permit Type: <input type="checkbox"/> New		<input type="checkbox"/> Plans/Blueprints provided (New Facility)	
		<input type="checkbox"/> Renewal/Existing	

Name of Facility: \_\_\_\_\_

Facility Address: (include city, state, and zip code): \_\_\_\_\_

Facility Manager/Authorized Agent Name:	
Phone number:	
Alternative phone number:	
Email:	

Certified Pool Operator:

Name:	
Certification ID:	
Certification Expiration Date:	
Phone number:	
Alternative phone number:	
Email:	

\*Licensed CPO (Certified Pool Operator) is the person to whom the Business owner has delegated responsibility for the overall water quality, safety conditions, emergency procedures and record keeping of the swimming pool facility. This person must complete a state approved pool operator's course.

**Proposed Dates of Operation(mm/dd/yyyy):**

Begin:	End:

The Type of Disinfection to be used: \_\_\_\_\_

Is your facility served by:      well                      public water

Is your facility wastewater:      septic system      public sewer

It is the responsibility of the applicant to verify with other State or County departments (i.e. Business License, Planning & Zoning, Building Inspection) to ensure all regulations are met. The undersigned hereby applies for a permit to operate a public swimming pool, spa, or recreational water park pursuant to the OCGA 31-45-1, et seq. and hereby certifies that he has received a copy of the Rules for Swimming Pools, Spas, and Recreational Water Parks, Chapter 511-3-5, Georgia Department of Public Health.

\_\_\_\_\_  
 Owner/Authorized Agent Name and Signature Date