

Public Pool Application Form

Rockdale County Board of Health Environmental Health Section

1329 Portman Drive – Suite F, Conyers, GA 30094 • TEL 770-278-7340 • FAX 770-278-8919 770-918-6549

Application Date: _____

Number of Pools/Spas	<input type="checkbox"/> New	<input type="checkbox"/> Existing(Changes in Hydraulics)	<input type="checkbox"/> Existing(No changes in Hydraulics)
	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Year-round	<input type="checkbox"/> Food will be served at this location

FACILITY INFORMATION

Facility Name _____
Address _____
City, State, Zip _____
Phone () _____ FAX () _____

OWNER INFORMATION

Name _____
Address _____
City, State, Zip _____
Phone () _____ Work () _____ FAX () _____ Other () _____
E-mail _____

BILLING INFORMATION

Facility Name _____ Attention: _____
Address _____
City, State, Zip _____

ANY CHANGE OF OWNER NAME CONSTITUTES A CHANGE IN OWNERSHIP. ANY CHANGE IN OWNER/OWNERSHIP WILL REQUIRE A NEW PLAN REVIEW AND PERMITTING FEE. PERMITS ARE NOT TRANSFERABLE FROM OWNER-TO-OWNER OR PLACE-TO-PLACE.

AUTHORIZED OWNER/AGENT INFORMATION

Print Name _____ Phone () _____
Sign Name _____

Affiliation with facility (check one): ☐ Owner ☐ Contractor ☐ Architect ☐ Other _____

NOTE: A POOL TRANSFERRED FROM BUILDER/DEVELOPER TO HOA WILL CONSTITUTE A CHANGE OF OWNERSHIP.

ROCKDALE COUNTY SWIMMING POOL PLAN REVIEW

Pool Name: _____

Address: _____

Contractor: _____

Phone: _____

Number of Pools Applied for: _____

GENERAL INFORMATION

_____ Plan review paid

_____ Pool Piping plan stamped by Design Professional. A Design Professional is a Registered Architect of Georgia or a Professional Engineer of Georgia.

_____ Waste disposal method approved

_____ Sanitary sewer

_____ Septic: Permit Number _____

POOL CONSTRUCTION

_____ Pool will be constructed of inert, enduring, smooth and easily cleanable material and completely light colored. Vinyl liner prohibited. Any pool interior surface which has any aggregate which is not light colored is prohibited. Only white plaster can be approved without a sample. Once a pool interior surface sample is approved any change of material must be approved by Rockdale County Environmental Health.

_____ Plan has overhead and sectional view.

_____ Plan shows all piping including connection between piping at pools and piping in the pump room.

_____ Plan shows deck sloping minimum of $\frac{1}{4}$ per foot away from pool to either deck and/or landscape drains.

_____ Pool interior corners will be coved.

_____ Lifeline will be installed at break.

- _____ Slope for depths less than five (5) feet will be less than 1:12; depths greater than five (5) maximum slope will be 1:3. Slopes for wading pools and spray pools will be less than 3 inches per 10 feet but at least 1 inch per 10 feet. Slopes for zero-depth entry pools will be a maximum of 1:15.
- _____ Slip-resistant tile depth markings “FT” or “FEET” will be provided on the deck at shallow, break and deep ends. Tile depth markings will be provided on the water line at the shallow, break and deep ends.
- _____ One egress will be provided for every seventy-five (75) feet of perimeter. A ladder or recessed steps provided at the deep portion of the pool. When a pool width at the deep portion is greater than thirty (30) feet, ladders will be provided on both sides of the pool at the deep portion.
- _____ Steps will be slip-resistant and have a maximum riser of twelve (12) inches and a minimum tread width of twelve (12) inches.
- _____ Recessed ladder treads will be at least fourteen (14) inches wide and at least five (5) inches deep. Treads will have a vertical spacing which does not exceed twelve (12) inches.
- _____ The deck must be at least five feet wide. All decking within five (5) feet of the pool edge will be constructed of slip-resistant approvable material. Broom swept concrete is approvable without further information. However, any other flooring material will necessitate a sample. If the sample is deemed non-approvable, a manufacturer’s specification sheet can be submitted showing the flooring material has a slip coefficient of at least 0.6 when wet.
- _____ All hose bibs will have a back flow preventer.
- _____ Any in-line fill system will have a back flow preventer.

DIVING AREAS

- _____ Number of boards provided
- _____ Fifteen (15) feet unobstructed clearance will be provided above diving board.
- _____ Board will be made of non-slip, easily cleanable, corrosion resistant material.
- _____ Handrails will be provided at all steps/ladders leading to boards one (1) meter or more in height above the water.
- _____ Platforms and diving boards one (1) meter or more in height will have guard railings.

LIGHTING

- _____ Underwater lighting will be sufficient to provide:
 - 100 lumens per square foot of surface area for indoor pools
 - 60 lumens per square foot of surface area for outdoor pools.

- _____ Deck lighting will be adequate.
- _____ No overhead wiring will pass within twenty (20) feet of the pool enclosure.
- _____ Underwater lighting will be grounded.
- _____ Switches, starters, panel boards, or similar electrical equipment will not be accessible to bathers.

SAFETY

- _____ Minimum four foot high fence or barrier will be provided around entire pool area with a maximum of four (4) inches clearance between bottom of barrier and ground surface. Tension wire will be installed along base of any chain-link fence.
- _____ All entrances into the pool enclosure shall be located at shallow end of pool and shall be self-closing with a lockable self-latching device.
- _____ Adequate first aid kit will be provided.
- _____ Safety equipment:
 - One ring buoy will be provided of not more than eighteen (18) inches in diameter with an attached throwing rope of a length equal to the width of the pool plus ten (10) feet.
 - Shepherd's crook will be provided which is a minimum of sixteen (16) feet.
- _____ A "No Attendant/No Lifeguard on Duty" sign with a minimum lettering height of 4 inches will be provided.
- _____ Approvable pool rules sign will be provided.

FILTRATION PUMPS

- _____ Pump sized adequately as per hydraulic review to provide minimum applicable required turnover rate. Standard pool is 8 hours, wading pool is 2 hours, spa is 30 minutes, zero-depth pool is 2 hours, and any pool which is a combination standard pool and another pool type is 8 hours.
- _____ Adequate manufacturer's cut sheet provided.

FILTRATION SYSTEMS: SAND FILTER

- _____ Filter sized according to maximum rate of 20 gallons per minute per square foot.
- _____ Adequate manufacturer's cut sheet provided.
- _____ Influent and effluent pressure gauges will be provided for each filter.
- _____ Backwash line will have sight glass.
- _____ When backwash line is draining into a receiving pipe, there must be an air gap.

FILTRATION SYSTEMS: CARTRIDGE FILTER

- _____ Filter sized according to maximum rate of 0.33 gallons per minute per square foot.
- _____ Adequate manufacturer's cut sheet provided.
- _____ Influent and effluent pressure gauges will be provided for each filter.
- _____ Layout for ease of operation and maintenance.

FILTRATION SYSTEMS: DIATOMACEOUS EARTH FILTER

- _____ Filter sized according to maximum rate of 2 gallons per minute per square foot.
- _____ Effluent pressure gauge will be provided for each filter.
- _____ Influent pressure gauge will be provided for each pressure diatomaceous earth filter.
- _____ Influent vacuum gauge vacuum gauge will be provided for each vacuum diatomaceous earth filter.
- _____ Adequate manufacturer's cut sheet provided.

INLETS

- _____ An inlet will be provided for every fifteen feet of perimeter of a standard pool.
- _____ An inlet will be provided for every ten feet of perimeter of a wading pool.
- _____ Inlets will be evenly distributed.
- _____ Floor inlets will have diffuser plates and wall inlets will have eye-ball sockets.
- _____ Inlets will be spaced not more than twenty (20) feet apart.

SKIMMERS

- _____ Adequate number of skimmers will be provided as per hydraulics review.
- _____ Minimum flow through rate of 30 gallons per minute be provided as per hydraulics review.

GUTTERS

- _____ Overflow gutters will extend completely around the pool except at steps or ladders.
- _____ Overflow gutters will be provided with drain outlets; covered with removable gratings, spaced no more than fifteen (15) feet apart and no smaller than two (2) inches in diameter.

MAIN DRAN GRATES AND SUCTION OUTLET GRATES FOR WATER FEATURES

_____ All grates adequately sized for total flow as per hydraulics review.

_____ Adequate manufacturer cut sheets provided.

CHEMICAL EQUIPMENT: GAS CHLORINATION

_____ Store chlorine and chlorinating equipment including scales and one extra chlorine cylinder in separate, well ventilated room. Room must be sealed air tight from adjacent rooms.

_____ Floors of room shall not be below ground level.

_____ Provide exhaust fan located at floor level and vented to outdoors. Must provide complete air change in 2 minutes.

_____ Louvers provided at top of room, on wall opposite exhaust fan for admitting fresh air.

_____ Door of chlorine and chlorinating equipment shall open to the outdoors, a viewing window and light switch outside entrance into room required.

_____ All gas tanks secured with chains.

_____ Provide gas mask designed for use with a chlorine atmosphere located outside room.

_____ Only properly trained and experienced personnel shall install or operate equipment.

CHEMICAL EQUIPMENT: EROSION FEEDERS (CHLORINE/BROMINE)

_____ Adequately sized to provide one pound of available chlorine per eight (8) hours per ten thousand (10,000) gallons of pool capacity or per manufacturer.

_____ Adequate manufacturer's cut sheet provided.

BATHHOUSE REQUIREMENTS

_____ An approvable non-slip, easily cleanable restroom floor, which is pitched to a floor drain is provided. Juncture at floors/walls will be coved. Broom swept concrete is approvable without further information. However, a manufacturer's specification sheet can be submitted showing the flooring material has a slip coefficient of at least 0.6 when wet.

_____ Tempered water provided to all showers and sinks with water temperature range of 90-110 degrees.

_____ Each restroom will be equipped with at least one hose bibb.

_____ A minimum of one shower per sex will be provided.

_____ A minimum of one sink and two toilets per sex will be provided. The men's restroom can have a toilet and a urinal.

_____ One toilet will be provided if bather load is less than 75 people.

_____ Any pool which does not have restrooms available nearby including but not limited to government or fitness facilities will meet the following bath house requirements: 1 toilet for every 60 males, 1 toilet for every 40 females, 1 urinal for every 60 males, 1 lavatory for every 60 males, 1 lavatory for every 60 females, 1 shower for every 40 males (minimum 3), and 1 shower for every 40 females (minimum 3). The number of men and women is based on the maximum bathing load divided by 2. The bathing load is determined by dividing the surface area of the pool by 10 if it is no deeper than 5 feet. If the pool has a section which is deeper than 5 feet, that section's surface area will be divided by 24 to produce a bathing load for the deep section which will be added to the less than 5 feet section to produce a total bathing load. However, the pool ownership can set a lower maximum bathing load which will be used for the purpose of calculating minimum amounts of restroom fixtures.

TEST KIT

_____ DPD Test kit will be provided.

OPERATING INSTRUCTIONS

_____ Operating instructions will be posted in pump room.

The following inspections will be scheduled; piping and final. The piping inspection will be performed with the pipes completely uncovered and the size markings turned upwards.

COMMENTS:

I agree to meet all minimum requirements for construction of a swimming pool in reference to all local, county, and state regulations. I agree to meet all requirements noted in the plan review checklist. Any changes to the pool during construction must be submitted for review. I agree to obtain an inspection and permit prior to operating from the Rockdale County Environmental Health Department. I also understand that a piping inspection must be scheduled, completed and installation approved by this department prior to covering.

_____ Designer Signature and Printed Name/ Date

_____ General Contractor Signature and Printed Name/ Date

_____ Pool Contractor Signature and Printed Name/ Date