



ROCKDALE COUNTY EXISTING POOL PLAN REVIEW

Pool Name: _____

Address: _____

Phone: _____

Certified Pool Operator: _____

Number of Pools Applied for: _____

Type of Pool(s) at Facility: Swimming, Wading, spa, etc...	Volume: (gallons)	Flow rate: (gallons/minute)	Turnover rate: (hours)	Surface Area (Sq Ft)	Main Drain: (single or dual)	Operation: seasonal or year round
1.						
2.						
3.						

The following is a list of facility requirements for opening a public pool. Read each requirement below and initial or mark "N/A" if not applicable. Please make sure that you understand and satisfy all applicable requirements for pool. Incomplete applications will be delayed or returned.

GENERAL INFORMATION

_____ Application Submitted.

_____ Water supply approved, adequate. Source: _____

_____ Waste disposal method approved
 _____ Sanitary sewer
 _____ Septic Permit Number: _____

POOL CONSTRUCTION AND FACILITIES

_____ Pool and decks are clean and in good repair.

_____ Depth markings “FT” or “FEET” will be provided on the deck at shallow, break and deep ends. Depth markings will be provided on the water line at the shallow, break and deep ends.

_____ Night lighting will be adequate. Deck lighting will be adequate.

_____ Switches, starters, panel boards, or similar electrical equipment will not be accessible to bathers

_____ Adequate toilet facilities and showers provided.



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.
- _____ 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.
- _____ Will an emergency phone be provided. YES NO (*circle one*)

FILTRATION SYSTEM AND PUMPS

- _____ Pump sized adequately to provide minimum applicable required turnover rate. Standard pool is 8 hours, wading pool is 2 hours, spa is 30 minutes, and any pool which is a combination standard pool and another pool type is 8 hours.
- _____ Filter sized adequately to provide minimum applicable required turnover rate.
Please list filter type: _____

DISINFECTION

- _____ DPD Test kit will be provided. A log sheet will be posted in pump room and daily chemical readings will be recorded.
- _____ Please list type/rate of disinfection chemicals as well as any chemical stabilizer to be used:



MAIN DRAN GRATES AND SUCTION OUTLET GRATES

- _____ Main drains are in compliance with VGB Act.
- _____ All grates adequately sized for total flow as per hydraulics review.

Pool Owner’s Compliance Method for VGB: Section 1404

For a single main drain, the VGB requires a compliant unblockable drain **or** installation of a compliant cover **and** one additional anti-entrapment device or system. For dual drains, the VGB requires proper spacing between drains and compliant covers. (Below please include the drain cover information and additional anti-entrapment device/system selected for each pool or spa):

Compliance Method	Pool # 1	Pool # 2	Pool # 3
1. Installed compliant cover on single drain (select additional device from A -D)			
A. Safety Vacuum Release System (SVRS)			
B. Automatic Pump Shut off			
C. Gravity Drain			
D. Suction Limiting Vent			
2. Installed complaint covers on dual drains			