



Georgia Department of Public Health, Environmental Health Section

200 Piedmont Ave SE / East Tower / Suite 486 / Atlanta, GA 30334

EnvironmentalHealth@dph.ga.gov

dph.ga.gov

APPLICATION FOR SWIMMING POOL, SPA, AND
RECREATIONAL WATER PARK OPERATION PERMIT

Complete in duplicate and forward the original to the **County Health Department** in which the facility is located.

1. Name of Facility: _____

- New Construction ☐ Existing Facility ☐ Converting to Public Use ☐

2. Check Appropriate Block:

- Swimming Pool ☐ Spa ☐ Special Purpose Pool ☐ Recreational Water Park Attraction ☐
(If special purpose pool is checked, please mark the pool type below)
Activity ☐ Continuous Water Course ☐ Diving Pool ☐ Dual Use Pool ☐
Interactive Water Play Pool ☐ Landing Pool ☐ Leisure River ☐
Wading Pool ☐ Wading Interactive Pool ☐ Wave Pool ☐ Other ☐ _____
Pool operates within a Recreational Water Park ☐

3. Address of Facility: _____ Ga.
Street, Highway, or RFD City County Zip Code

4. Physical Location of Facility: _____
(GPS, LAT/LONG, or PLAT indicating physical location)

5. Facility Owner Name: _____ Phone Number: _____

6. Facility Owner Address: _____
Street, Highway, or RFD City County Zip Code State

7. Trained Operator* Name _____ Expiration Date: _____

8. Trained Operator* Address: _____
Street, Highway, RFD City Zip Code State Phone #

9. Construction Date: _____ Owner's email: _____

10. Date Operation to Begin _____ Date Operation to End _____

11. Hours of Operation: Opening Time _____ am/pm Closing Time _____ am/pm

12. Type of Disinfectant and Equipment _____

The undersigned hereby applies for a permit to operate a public swimming pool, spa, or recreational water park pursuant to the O.C.G.A. 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.

☐ If applicable¹, the undersigned filed a notarized affidavit and a copy of identifying documentation to prove residency status.

Signed _____ (State whether Owner or Authorized Agent for the Owner) Date _____

* Trained Operator means the person to whom the Business Owner has delegated responsibility for the overall water quality, safety conditions, emergency procedures, maintenance and record keeping of the swimming pool facility. This person must complete a state approved pool operator's course. ¹ Only public swimming pools that are associated with a commercial operation such as a tourist accommodation, health club or YMCA must comply. State, local and municipal public swimming pools are exempt.