



**Georgia Department of Public Health  
Environmental Health Branch  
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 applicable<sup>1</sup>, 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. <sup>1</sup> 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.