

# THE TOWNSHIP OF MIDDLETOWN, DEPARTMENT OF HEALTH

1 Kings Highway, Middletown, NJ 07748

732 615-2095

Richard DeBenedetto, REHS, Director

## POOL LICENSE APPLICATION INSTRUCTIONS

The attached application for a Public Swimming Pool or Spa is due on June 1<sup>st</sup> of each year. The fee is **\$225.00 per pool and \$125.00 per spa**. As per N.J.A.C. 5:23 - 2.18C and 2.20(d), ALL pools must receive an **ANNUAL** electrical inspection and must maintain a Bonding and Grounding Certificate. Please contact the Electrical Sub-Code Official in the Building Department for more information on these issues. Please be advised there is a new public Recreational Bathing Code (Chapter 9 – N.J.A.C. 8:26) that took effect January 16, 2018.

Please make check(s) payable to "Township of Middletown". Send mail check(s) or money order(s) to: Middletown Township Health Department. Entire packet should be mailed to our office located at 1 Kings Highway, Middletown, New Jersey 07748

Many important changes were made to the code including an Operational Checklist that must be completed by the owner or Trained Pool Operator (TPO).

**Seasonal pools must complete the checklist 21 days before opening. Year-Round pools must complete the checklist 30 days before expiration of current license.**

**No Seasonal Pool may open and/or operate until a Pre-Operational Inspection has been performed by this office.**

**A CB-20 Certification Form & a Bonding/Grounding Certificate must be submitted along with the Operational Checklist.**

**You must contact us 2 WEEKS IN ADVANCE To schedule an inspection. Pool water must be tested by a Certified Laboratory prior to opening.**

*The Federal Virginia Graeme Baker Pool and Spa Safety Act went into effect on December 19, 2008. All required upgrades and changes to conform to the Act must be made prior to your opening for this coming season. Specific questions regarding compliance with the Act should be directed to the Consumer Product Safety Commission (CPSC): 800-638-2772 or 301-504-7912.*

**Enclosed please find a Pool/Spa Main Drain Cover Replacement Form.** This form must be completely filled out and returned to the Middletown Township Health Department at the above address prior to the opening of your pool/spa with all other required documentation.

The State Health Department has provided a FAQ <http://nj.gov/health/ceohs/> Public Health Sanitation and Safety Camps Beaches, Pools and Campgrounds

New Jersey State Sanitary Code, Chapter IX, Public Recreational Bathing  
<http://www.state.nj.us/health/ceohs/documents/phss/recbathing.pdf>

Please ensure the following items are addressed for the pool season.  
More information can be found in the NJ State Sanitary Code, Public Recreational Bathing NJAC 8:26.

Drains- 8:26-3.24(b) All swimming pools, wading pools, and spas must have a minimum of two (2) drains.  
Virginia Graeme Baker Pool and Safety Act: All public pools and spas must have ASME/ANSI A112.19.8-2007 compliant drain cover(s) installed.

## **HIGHLIGHTS OF THE NEW PUBLIC RECREATIONAL BATHING CODE EFFECTIVE JANUARY 16, 2018 – JANUARY 16, 2025**

- 1) Operational Checklist must be completed by owner or trained pool operator (TPO).  
**Seasonal pools – 21 days before opening.**  
**Year-round 30 days before license expiration.**
- 2) The TPO must visit the pool at least once per week to review records and ensure compliance with the code. These visits must be documented and available for review by the Health Department.
- 3) Specially exempt Facilities must have a sign posted with their hours of operation. Specially exempt Health Clubs must have an AED/Defibrillator on site.
- 4) Pools Greater than 2000 Square Feet must have a person on site with Pool Director Training **by January 16, 2019.**
- 5) Pools greater than 2000 square feet must have at least (2) two lifeguards on duty and a written "Zone of Protection" plan.
- 6) Lifeguards cannot use cell phone while on duty (even to listen to music)
- 7) Lifeguard stands are required at pools greater than 2000 square feet, more than five feet deep, or with a diving area.
- 8) Aquatics Facility Plans (Formerly Aquatics Supervision Plans) must now include the location of Emergency Shutoff, Hours of operation, water testing schedule and record keeping, zone of protection plan, and policies for floats and water toys.
- 9) Emergency equipment must now include throw lines that reach across the pool. The address of the pool must be posted next to the emergency phone number list. NO telescoping poles or plastic hooks are allowed. Pools with Lifeguards must have an AED/Defibrillator on site.
- 10) First Aid Kit contents have been changed and are now based on the size of the pool. The new list is attached. (APPENDIX B).
- 11) Bather rules sign must include "Swimming diapers allowed"
- 12) New signage is required at wading pools: "Parents or Guardians are required to supervise their children at all times". "No Children are allowed in the wading pool without Adult supervision".
- 13) Seasonal pools must have water samples collected and tested by a certified Laboratory prior to opening.
- 14) Chemical water quality standards have changed for Pools and Wading Pools. The maximum level for chlorine and bromine has been raised to 10.0 ppm.

### **Reminder:**

You must contact the Middletown Health Department at 732-615-2096 to schedule a pre-operational inspection.

No inspections will be performed without the CB-20 form and a copy of the bonding / grounding certificate as well as the annual electrical inspection from the Building Department 732-615-2104

Contact the Middletown Construction Department before making any necessary repairs/alterations to determine if permits are required.

## POOL LICENSE CHECKLIST

Please provide the following information in case we have any questions regarding this application.

Facility: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Application (filled out, signed and dated)

Application fee of \$225.00 per pool & \$125 per spa

CB20 (main drain cover)

Bonding & Grounding Certificate

Checklist For Public Bathing Facilities (3-page document, not this checklist!)

Certified Pool Operator Certificate

Middletown Township Electrical Inspection\*

Lifeguard Certificates, if applicable

Pool Water Sample/Test Results – are obtained by the labs electronically

\* The Building Dept. will notify us once you have passed your Electrical Inspection, we will then reach out to schedule your Health Dept. Inspection.

Once you've passed your Health Inspection, your license will be emailed to you within 48 business hours.

**MIDDLETOWN TOWNSHIP HEALTH DEPARTMENT  
APPLICATION FOR PERMIT TO OPERATE A PUBLIC SWIMMING POOL**

**HEALTH DEPT.OFFICE USE ONLY**

Date Received \_\_\_\_\_ Cash or Check # \_\_\_\_\_ Amount\$ \_\_\_\_\_, Permit # \_\_\_\_\_

**FEES: \$225.00 PER POOL, \$125.00 PER SPA**

Name of Pool/Spa:

Address:

Pool Surface Square Footage:

Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Email:

Type (Public, club, etc.)

Hours Open: \_\_\_\_\_ AM to \_\_\_\_\_ PM Estimated Daily Attendance

Duration of Season (Dates):

Owner (Name and Address):

Supervisor (Name and Address)

Trained Pool Operator

(Name and Registration No.) **MUST PROVIDE COPY OF TRAINED POOL OPERATOR CERTIFICATE**

Lifeguard Licensing Authority

Lifeguard Names – Please provide a copy of All Lifeguard Certifications & attach to this application.

**Virginia Graeme Baker Pool & Safety Act (Must provide completed CD-20 Form, If out of date, see attached.) Virginia Graeme Baker Pool & Safety Act Certification Certificate MUST BE PROVIDED or an inspection will not be performed.**

The undersigned agrees to operate the aforementioned swimming pool in accordance with the provisions of the N.J. State Sanitary Code Chapter IX. Public Recreational Bathing, N.J.A.C. 8:26-1 et seq.,

Trained Pool Operator \_\_\_\_\_ Owner \_\_\_\_\_

(Date) \_\_\_\_\_ (Date) \_\_\_\_\_

# CERTIFICATION FOR THE REPLACEMENT OF MAIN DRAIN COVERS IN POOL/SPA

Guidance in ensuring compliance with The Virginia Graeme Baker Pool and Spa Safety Act (VGBPSSA).

NAME OF LOCAL HEALTH DEPARTMENT		Date													
Address		Phone Number													
Name of Inspector		Permit Number	County												
<b>FACILITY INFORMATION</b>															
Facility Name		Facility's Fax Number													
Facility Street Address		Municipality	Zip Code												
Contact Person		Contact's Phone Number	Contact's Email												
Name of Owner or Responsible Party		Owner's Email or Fax Number													
<b>POOL/SPA INSPECTION DETAILS</b>															
Select applicable: <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Spa	Year Built	Hours of operation ____ AM to ____ PM Weekdays: _____ Weekends: _____													
Location of Structure <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Is it a water park? <input type="checkbox"/> Yes <input type="checkbox"/> No	Select the correct Number of Drain Covers Replaced: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5													
Description of Pool/Spa <input type="checkbox"/> Swimming Pool / Deepest End: _____ Feet <input type="checkbox"/> Wading Pool / Depth: _____		<input type="checkbox"/> Spray Pool <input type="checkbox"/> Spa/Hot Tub / Depth: _____	<input type="checkbox"/> Slide Catch Pool												
Documents (final receipts, work order) used as proof: <i>(Select and obtain all necessary information below.)</i>		<input type="checkbox"/> Copy of Receipt <input type="checkbox"/> Copy of Work Order	Date of Installation												
Name of Company		Address													
Name of Person Who Performed the Work		Telephone Number	Fax Number												
Shape of the New Drain Covers <input type="checkbox"/> Square <input type="checkbox"/> Octagon <input type="checkbox"/> Round <input type="checkbox"/> Other Shape:		Dimensions of New Drain Covers ____ Inches													
Make and Model Number of Cover(s): <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Cover</td> <td>Make</td> <td>Model No.</td> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> </table>		Cover	Make	Model No.	1			2			3			Are the covers VGB compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "No", please explain)</i>  Was there a secondary back-up system installed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," describe type)</i>	
Cover	Make	Model No.													
1															
2															
3															
<b>DETAILS ABOUT THE NEW DRAIN COVER(S)</b>															
Cover Expiration Date	Cover Flow Rate ____ (gal./min.)	Pump Flow Rate ____ (gal./min.)	Sump Size/Type												
Type of Main Drain <input type="checkbox"/> Dual <input type="checkbox"/> Single	Does it have equalizer outlets? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many equalizer outlets?	Was existing system altered? <input type="checkbox"/> Yes <input type="checkbox"/> No												
<b>Result of Inspection:</b> <i>(For local health authority use only)</i>		<input type="checkbox"/> Approved/Certified <input type="checkbox"/> Conditional													
<b>OWNER'S ACKNOWLEDGEMENT</b>															
I, _____, have replaced the drain grate/cover in the pool/spa listed in this form. I have properly installed the new drain cover(s) described and identified above to comply with <u>ASME/ANSI A112.19.8-2007</u> ; according to the <u>VGBPSSA</u> . I verify that the statements made in this form are true and accurate. I understand that all the information provided, if falsified can be used against me, in court, by the authorities.															
Signature of Owner		Signature of Witness													

**New Jersey Department of Health  
Public Health and Food Protection Program**

**CHECKLIST FOR PUBLIC RECREATIONAL BATHING FACILITIES**

Municipality	Local Health Authority	Date
--------------	------------------------	------

Name of Public Recreational Bathing Facility		
Dates of Operation		Type of PRB Facility
PRB Facility Location Phone Number		Special Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Both
Owners Name and Address		Phone Number
Certified Laboratory	Phone Number	Date of Last Sample
Trained Pool Operator	Email Address	Phone Number

**Codes: X-Compliant P-Pending N/A-Not Applicable**

**PAPERWORK**

TPO Certification No. and Exp. Date		Log Book	
Lifeguard Certifications Current		Bonding and Grounding (5-year cert.)	
Pro CPR Certifications Current		Bonding and Grounding (Town)	
Aquatics Facility Plan		CB-20 completed and submitted	
Water Sample(s) Results		MSDS sheets for all chemicals	
Sanitary Surveys (N.J.A.C. 8:26-7.15)		Physical Hazards inspection	

**GENERAL LAYOUT**

Emergency Phone Numbers		No Lifeguard on Duty Sign	
Pool/Natural Waters Rules Sign		Adult Supervision Sign	
No Diving Signs		Special Exempt Signs	
Caution Chemical Sign		Spa Clock	
No Smoking Sign (Chem. Room)		Spa Rules	
Depth Markings		Diving Rules	
Entrance(s) Secure		Cliff Jumps < 15'	
Floats and Fixed Platforms Permitted with LHA Approval		Equipment for continuous disinfect all types pool water and meet N.J.A.C. 8:263.22	
Diving stands, boards, ladders, stairs, all equipment maintained		Pool chemicals stored, handled and used per manufacturer's instructions	
Water slides conform to CPSC and approved by LHA and/or NJDCA		Anti-entrapment drain covers installed, all documentation on site	
Rope drops, cliff jumping, and aquatic play equipment meet N.J.A.C. 5:14A-12		Pool Floor (Clean and Visible)	
Surface area (Pool sq')		Turnover Rate(s) (Pool)	
Volume (Pool)		Pump Maximum Flow Rate(Pool)	

# CHECKLIST FOR PUBLIC RECREATIONAL BATHING FACILITIES (Continued)

Name of Public Recreational Bathing Facility			
<b>Codes:</b>	<b>X-Compliant</b>	<b>P-Pending</b>	<b>N/A-Not Applicable</b>
<b>EQUIPMENT</b>			
Facility Phone		Vacuum Equipment	
Guard (Uniform/Whistle)		Skimmer Net	
DPD Test Kit		# of Returns	
First Aid Kit		Sight glass	
Rescue Tube(s)/LG		Entrapment Issues	
Backboard		Spa Requirements	
Straps		Wading Pool Requirements	
Head Immobilizer		Circulation System	
Shepherd Hooks		Flow Meters	
Reaching Poles/Assist		Continual Disinfection Device	
Safety Rope and Floats		Secure Fencing	
Ring Buoys		Self Close/Self Latching Gates	
Thermometer		Diving Boards	
Goggles and Gloves		Water Clarity	
Emergency numbers posted		Lifeguard platforms or stands	
Paddle Rescue Device		Emergency care room (500+)	
<b>GENERAL SANITATION AND MAINTENANCE</b>			
Bathrooms (Cleaned and Stocked)		Only unbreakable mirrors provided	
Separate BR facilities (each sex)		Sanitary sewage and filter backwash waters handled properly	
Sanitary facilities maintained and constructed of impervious materials		Solid waste stored in watertight containers with tight-fitting lids	
Floors have slip-resistant surface		Potable water supply source and of safe and sanitary quality	
Suitable receptacles provided for paper towels and waste materials		All buildings rodent and insect proofed	
Soap dispenser provided, hot and cold water		Premises maintained to prevent the breeding and harborage of vermin	
<b>CHEMICALS / DISINFECTANTS (POOLS)</b>			
Free Chlorine (10 ppm max)		pH (7.2 – 7.8)	
Total Chlorine (ppm)		Total Alkalinity (60 – 180 ppm)	
Combined Chlorine ( $\leq$ .2)		Calcium Hardness (ppm)	
Other Disinfectant		Cyanuric Acid (10 - 100ppm) Outdoor	

# CHECKLIST FOR PUBLIC RECREATIONAL BATHING FACILITIES (Continued)

Name of Public Recreational Bathing Facility			
<b>Codes: X-Compliant P-Pending N/A-Not Applicable</b>			
<b>SUPERVISION</b>			
Operations supervised by an adult		Aquatics Facility plan executed	
Standard first aid and Pro CPR		All lifeguards identifiable	
Pools have TPO,TPO onsite weekly		Lifeguards equipped with a whistle	
Adequate number of Lifeguards		Emergency Drills documented	
<b>BATHING WATER QUALITY</b>			
Pool water approved water source		Pool chemistry monitored (2 hrs)	
Water samples collected weekly		Deaths/serious injuries reported	
1 <sup>st</sup> sample failed warning signs		2 <sup>nd</sup> sample failure closure signs	
<b>COMMENTS</b>			

*I verify that the statements made in this form are true and accurate and this Public Recreational Bathing facility meets the requirements of N.J.A.C. 8:26 et seq. I understand that all the information provided, if falsified, can be used against me in court, by the authorities.*

Signature of Owner/TPO	Title or Position
------------------------	-------------------