

Georgia Department of Public Health Environmental Health Branch APPLICATION FOR SWIMMING POOL, SPA, AND RECREATIONAL WATER PARK MODIFICATION PERMIT

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

1. Name of Facility:						
2. Address of Facility:					Ga.	
Street, Highway, or RFD	C	ity	County	Zip Code		
3. Physical Location of Facility:						
	(GPS, LAT/LONG, or PLAT indicating physical location)					
4. Facility Owner Name:		Phone Number:				
5. Facility Owner Address:Street, Highway						
Street, Highway	r, or RFD C	lity	County	Zip Code	State	
6. Pool Type (check appropriate block:	Constal Deserves	D 1 🗖	Decisional We	4 D]- A 44		
Swimming Pool □ Spa □ (If special purpose, please identify)			Recreational wa	ter Park Attra		
✓ Special Purpose I						
1 1	• •					
7. Specification sheets or samples provided	**		· •	ement: check l		
• Chemical feed pump	Filter 🗖	N	Iultiport valve 🗖		Tile 🗖	
Chlorinator	Fence 🗖	_	Pump 🗖		lamps 🗖	
• Emergency phone	Handrails/ladde		Plaster 🗖	Vacuum		
• Flow meter \Box	Main drain cove	er 📙	Skimmer 🗖	Other		
8. Modification Application Date: Modification Completion Date:						
9. Description of Modification:						

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.

Signed