

**OFFICE LOCATION**  
180 MAIN STREET  
PORT MONMOUTH, NJ 07758

TELEPHONE: (732) 615 - 2095  
FAX: (732) 671 - 8697

**WEBSITE**  
WWW.MIDDLETOWNNJ.ORG

**DEPARTMENT OF HEALTH  
THE TOWNSHIP OF MIDDLETOWN**



Settled in 1664

Richard DeBenedetto, REHS, CMR  
*Director*

David Henry, MPH  
*Health Officer*

**MAILING ADDRESS**  
MIDDLETOWN HEALTH  
DEPARTMENT  
1 KINGS HIGHWAY  
MIDDLETOWN, NJ 07748

## POOL LICENSE

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.

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 AND 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.

Please make check(s) payable to:  
**"Township of Middletown"**

Send mail check(s) or money order(s) to:  
**Middletown Township Health Department  
1 Kings Highway  
Middletown, New Jersey 07748**

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>

**If we can be of any assistance, please do not hesitate to call (732) 615 - 2096 Monday - Friday 8:00am - 4:00pm.**

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**

- 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 (Formally 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 FEES \$225.00 PER POOL**

No. \_\_\_\_\_

**SPA FEES \$125.00 PER SPA**

Fee: \_\_\_\_\_

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

Name of Pool/Spa \_\_\_\_\_

Location or address \_\_\_\_\_

Pool Surface Sq. Footage \_\_\_\_\_

Phone No. \_\_\_\_\_

Type (Public, club, etc.) \_\_\_\_\_

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

Duration of Season \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MUST PROVIDE COPY OF LIFEGUARD CERTIFICATIONS**

- A. VIRGINIA GRAEME BAKER POOL AND SAFTEY ACT (MUST PROVIDE COMPLETED CB-20 FORM, IF OUT OF DATE, SEE ATTACHED.) (VIRGINIA GRAEME BAKER POOL AND SAFTEY 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"/> Spray Pool <input type="checkbox"/> Slide Catch Pool <input type="checkbox"/> Wading Pool / Depth: _____ <input type="checkbox"/> Spa/Hot Tub / Depth: _____															
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):		Are the covers VGB compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "No", please explain)</i>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Cover</th> <th>Make</th> <th>Model No.</th> </tr> </thead> <tbody> <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> </tbody> </table>		Cover	Make	Model No.	1			2			3			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> <span style="float: right;"><input type="checkbox"/> Approved/Certified <input type="checkbox"/> Conditional</span>															
<b>OWNER'S ACKNOWLEDGEMENT</b>															
<p><i>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 ASME/ANSI A112.19.8-2007; according to the VGBPSSA. 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.</i></p>															
Signature of Owner		Signature of Witness													

