The attached application for a Public Swimming Pool or Spa is due on June 1st 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.
Pool Drains

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 Grater 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

SPA FEES $125.00 PER SPA

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 GRAEML BAKER POOL AND SAFTET ACT (MUST PROVIDE COMPLETED CB-20 FORM, IF OUT OF DATE, SEE ATTACHED.) (VIRGINIA GRAEML BAKER POOL AND SAFTET 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).

<table>
<thead>
<tr>
<th>NAME OF LOCAL HEALTH DEPARTMENT</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Phone Number</td>
</tr>
<tr>
<td>Name of Inspector</td>
<td>Permit Number</td>
</tr>
<tr>
<td></td>
<td>County</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Facility’s Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Street Address</td>
<td>Municipality</td>
</tr>
<tr>
<td>Contact Person</td>
<td>Contact’s Phone Number</td>
</tr>
<tr>
<td>Name of Owner or Responsible Party</td>
<td>Owner’s Email or Fax Number</td>
</tr>
</tbody>
</table>

**POOL/SPA INSPECTION DETAILS**

Select applicable:
- [ ] Swimming Pool
- [ ] Spa

Year Built

Hours of operation

Weekdays: __________ AM to __________ PM

Weekends: __________

Location of Structure
- [ ] Indoor
- [ ] Outdoor

Is it a water park?
- [ ] Yes
- [ ] No

Select the correct Number of Drain Covers Replaced:
- [ ] 0
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5

Description of Pool/Spa

Swimming Pool / Deepest End: __________ Feet

Wading Pool / Depth: __________

Spray Pool

Spa/Hot Tub / Depth: __________

Document(s) (final receipts, work order) used as proof:
- [ ] Copy of Receipt
- [ ] 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
- [ ] Square
- [ ] Octagon
- [ ] Round
- [ ] Other Shape: __________

Dimensions of New Drain Covers __________ Inches

Make and Model Number of Cover(s):

<table>
<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>

Are the covers VGB compliant?
- [ ] Yes
- [ ] No

(If "No", please explain)

Was there a secondary back-up system installed?
- [ ] Yes
- [ ] No

(If "Yes," describe type)

**DETAILS ABOUT THE NEW DRAIN COVER(S)**

Cover Expiration Date

Cover Flow Rate __________ (gal./min.)

Pump Flow Rate __________ (gal./min.)

Sump Size/Type

Type of Main Drain
- [ ] Dual
- [ ] Single

Does it have equalizer outlets?
- [ ] Yes
- [ ] No

How many equalizer outlets?

Was existing system altered?
- [ ] Yes
- [ ] No

**Result of Inspection:**

For local health authority use only

- [ ] Approved/Certified
- [ ] Conditional

---

**OWNER’S ACKNOWLEDGEMENT**

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.

Signature of Owner

Signature of Witness