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 City 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, or RFD City County Zip Code State

6. Pool Type (check appropriate block:
- Swimming Pool ❒ Spa ❒ Special Purpose Pool ❒ Recreational Water Park Attraction ❒
  (*If special purpose, please identify the pool type below)*
  - ✓ Special Purpose Pool Type: _____

7. Specification sheets or samples provided to support the modification, repair or replacement: check block(s)
- Chemical feed pump ❒ Filter ❒ Multiport valve ❒ Tile ❒
- Chlorinator ❒ Fence ❒ Pump ❒ UV lamps ❒
- Emergency phone ❒ Handrails/ladders ❒ Plaster ❒ Vacuum cover ❒
- Flow meter ❒ Main drain cover ❒ Skimmer❒ Other_____

8. Modification Application Date: _____ Modification Completion Date:_____

9. Description of Modification: _____

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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.

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Signed (State whether Owner or Authorized Agent for the Owner) Date