

PUBLIC BATHING PLACES Application Packet and Instructions

	Complete one (1) "Application for Permit to Construct Public Bathing Place" (Appendix A) for <u>EACH</u> proposed bathing place/venue being submitted.				
	 Submit the following items with a signed seal from a Professional Engineer (P.E.) licensed in the State of Oklahoma (each proposed bathing place must have these items and must include the seal of the P.E. for the project): Five (5) copies of proposed plans One (1) complete "Summary Engineering Report" (Appendix B) Applicable equipment lists/cut sheets Specifications 				
	Complete one (1) "Affidavit of Responsibility" (Appendix C) signed by the <u>OWNER</u> of the proposed bathing place for each application				
	Check or money order in the amount				
	Send plans (all docu	uments listed above) by mail or hand delivery:			
	MAIL:	Oklahoma State Department of Health			
		Attn: CHS – Public Bathing Place Program			
		123 Robert S. Kerr Ave Suite 1702			
		Oklahoma City, OK 73102-6406			
	123 Robert S. Kerr Ave Suite 1702 Oklahoma City, OK 73102-6406 Check or Money Order ONLY by Mail HAND Delivery: Oklahoma State Department of Health 123 Robert S. Kerr Ave Suite 1702 Oklahoma City, OK 73105-6406				
	HAND Delivery:	Oklahoma State Department of Health			
		123 Robert S. Kerr Ave Suite 1702			
		Oklahoma City, OK 73105-6406			
		Attn: CHS – Public Bathing Place Program			
1					

Questions may be sent to CHSLicensing@health.ok.gov



PUBLIC BATHING PLACE Permit Application to Construct (Appendix A)

A. GENERAL INFORMATION: This application must be submitted for each separate public bathing pool/ spa/etc. to obtain a permit for any new construction, addition, modification or extension of a public bathing place.

The applicant,		proposes the construct	ction of:	
(applicant name – owner of property, not the construction entity)				
(briefly list all maior construction items) and useding neal complay, and stable				
(briefly list all major construction items: pool, wading pool, complex, spa, etc.) located at				
(subdivision, property name, name of pool area, etc.)		hysical street address)		
(city/town) (zip) (county)				
and as required by the Oklahoma Public Health	Code, Title 63 § 1-1013 et seq.,	hereby makes application	ation for	
approval of the accompanying plans and specifi	ications and for a permit to constr	ruct the facilities in ac	ccordance	
with the same plans and specifications.				
B. CERTIFICATION: In making this applica	tion the applicant certifies and st	tates the following:		
• • • • • • • • • • • • • • • • • • • •		-		
1. The applicant has access to all rules and standar operation of the facility in question.	ds promulgated by the Oklahoma State	Board of Health for const	ruction and	
2. To the best of the knowledge and belief of the a requirements of the aforementioned rules and st		ngineering report comply	with the	
3. The applicant agrees to be responsible for the co	onstruction and operation of the facility			
aforementioned rules and standards, and in acco				
shall have access to the facility at any time durin		e of inspection for compli	iance with	
	the provisions of the Public Health Code Title 63 § 1-101 et. seq.			
4. The applicant intends to own and operate the facility after construction is completed: Ves No: If "No," the responsible party for operation will be:				
Name of Operating Facility Contact Phone#				
5. The applicant is the holder of or will obtain a deed or easement to the land upon which construction is planned:				
 Yes No: If "No," explain: The applicant is the entity receiving, transporting or treating the wastewater generated by the facility: Yes No: 				
If "No," the receiving, transporting or treating e			1.00	
7. All local zoning and other ordinance of public a		the construction of the pro	oposed	
improvement have been satisfied: Yes No: If "No," explain:				
C. SIGNATURE: Application must be signed	by the authorized chief elective	or executive officer of	f the	
applicant, or by the applicant himself in a sole p	proprietorship. Please PRINT.			
Name of Authorized Signature / Owner Title of Authorized Signature				
Mailing Address (NO PO BOX)	City	State	Zip	
		State	2.p	
Organization Name (if different from applicant)	Email address		Phone	
Cignature		 Dr4-		
Signature		Date		
(Please retain a co	opy of all completed forms for your records.)			



FAX: (405) 900-7557

PUBLIC BATHING PLACE Summary Engineering Report (Appendix B)

(NOTE: Compliance with Public Bathing Place Facility Standards and Public Bathing Place Regulations Criteria is required respecting all features not included here.)

A. General

1. Physical location of public bathing place (P.O. Box or Rural Route is not acceptable):

2.	Type of Public Bathing Facility: 🗌 Pool 📄 Raft Ride 🗌 Spa 📄 Wading Pool 📄 Water Slide
	Other (please describe):
3.	Water area: # ft^2
4.	Perimeter: #ft
5.	Volume: #gallons
6.	Shallow water area ("above" lifeline): # ft ²
7.	Deep water area ("below" lifeline): # ft ² and # persons capacity
8.	Diving boards: # of and height(s): #
9.	Bottom slopes - shallow area: # and transition: #
<u>B.</u>	Water Supply and Wastewater
1.	Water source:
	a. Two diameters or six (6) inches air gap at fill spout: 🗌 Yes 🗌 No
2.	Backwater discharges to:
	a. With indirect connection: Yes No
3.	Walkways drain to: at slope of:(1/4 inch per foot minimum)
<u>C.</u>	Recirculation and Filter System
<u>C.</u> 1.	Recirculation and Filter System Minimum turnover rate required by standards: gpm
<u>C.</u> 1. 2.	Recirculation and Filter System Minimum turnover rate required by standards: gpm Number of skimmers: at 30 gpm = gpm
<u>C.</u> 1. 2. 3.	Recirculation and Filter System Minimum turnover rate required by standards: gpm Number of skimmers: at 30 gpm = gpm Design flow rate: gpm
<u>C.</u> 1. 2. 3. 4.	Recirculation and Filter System Minimum turnover rate required by standards: gpm Number of skimmers: at 30 gpm = gpm Design flow rate: gpm Main drain flow (at least 30% of total flow): gpm
<u>C.</u> 1. 2. 3. 4. 5.	Recirculation and Filter System Minimum turnover rate required by standards: gpm Number of skimmers: at 30 gpm = gpm Design flow rate: gpm Main drain flow (at least 30% of total flow): gpm Filter type: Sand DE Cartridge Other:
<u>C.</u> 1. 2. 3. 4. 5.	Recirculation and Filter System Minimum turnover rate required by standards: gpm Number of skimmers: at 30 gpm = gpm Design flow rate: gpm Main drain flow (at least 30% of total flow): gpm Filter type: Sand DE Cartridge Other: Minimum filter area required: # ft ²
<u>C.</u> 1. 2. 3. 4. 5. 6. 7.	Recirculation and Filter System Minimum turnover rate required by standards: gpm Number of skimmers: at 30 gpm = gpm Design flow rate: gpm Main drain flow (at least 30% of total flow): gpm Filter type: Sand DE Cartridge Other: Minimum filter area required: # ft ²
<u>C.</u> 1. 2. 3. 4. 5. 6. 7. 8.	Recirculation and Filter System Minimum turnover rate required by standards: gpm Number of skimmers: at 30 gpm = gpm Design flow rate: gpm Main drain flow (at least 30% of total flow): gpm Filter type: Sand DE Cartridge Other: Minimum filter area required: # ft ² Design filter area: # ft ² Maximum filter flux density: # gpm/ft ² (= design flow rate ÷ design filter area)
<u>C.</u> 1. 2. 3. 4. 5. 6. 7. 8. 9.	Recirculation and Filter System Minimum turnover rate required by standards: gpm Number of skimmers: at 30 gpm = gpm Design flow rate: gpm Main drain flow (at least 30% of total flow): gpm Filter type: [] Sand [] DE [] Cartridge [] Other: Minimum filter area required: # ft ² Design filter area: # ft ² Maximum filter flux density: # gpm/ft ² (= design flow rate ÷ design filter area) Head loss in suction piping is no greater than 6 ft/1000 ft: [] Yes [] No
<u>C.</u> 1. 2. 3. 4. 5. 6. 7. 8. 9. 10	Recirculation and Filter System Minimum turnover rate required by standards:gpm Number of skimmers:at 30 gpm =gpm Design flow rate:gpm Main drain flow (at least 30% of total flow):gpm Filter type:SandDECartridgeOther: Minimum filter area required: #ft ² Design filter area: #ft ² Maximum filter flux density: #gpm/ft ² (= design flow rate ÷ design filter area) Head loss in suction piping is no greater than 6 ft/1000 ft:YesNo
C. 1. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10 11	Recirculation and Filter System Minimum turnover rate required by standards: gpm Number of skimmers: at 30 gpm = gpm Design flow rate: gpm Main drain flow (at least 30% of total flow): gpm Filter type: Sand DE Cartridge Other: Minimum filter area required: # ft ² Design filter area: # ft ² Maximum filter flux density: # gpm/ft ² (= design flow rate ÷ design filter area) Head loss in suction piping is no greater than 6 ft/1000 ft: Yes No . Head loss discharge (pressure) piping is no greater than 12 ft/100 ft: Yes No . Maximum TDH, dirty filter: # ft
C. 1. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10 11 12	Recirculation and Filter System Minimum turnover rate required by standards:gpm Number of skimmers:at 30 gpm =gpm Design flow rate:gpm Main drain flow (at least 30% of total flow):gpm Filter type:SandDECartridgeOther: Minimum filter area required: #ft ² Design filter area: #ft ² Maximum filter flux density: #gpm/ft ² (= design flow rate ÷ design filter area) Head loss in suction piping is no greater than 6 ft/1000 ft:YesNo

C. Recirculation and Filter System - continued 14. Antivortex cover or complying suction openings specified: Yes No 15. Flow meter specified: Yes No 16. Filter influent and effluent pressure gauges specified: Yes No 17. Compound or vacuum gauge specified between pump and hair/lint strainer: Yes No 18. Extra hair/lint basket specified: Yes No 19. Bathhouse complies with Standards Sections 310:315-7-7 and 310:315-7-8 (only if pool is open to the General Public): Yes No 20. Each skimmer and main drain are valved separately: Yes No			
D. Miscellaneous 1. Two-inch diameter equalizer line specified at skimmers: □ Yes □ No 2. Skimmers listed as approved by NSF: □ Yes □ No 3. Filters listed as approved by NSF: □ Yes □ No 4. Chlorinator or brominator listed as approved by NSF: □ Yes □ No 5. Two thermometers specified (if heater is used): □ Yes □ No 6. All parts of facility served by 50 foot (maximum) hoses, from hose bibs with backflow preventers: □ Yes □ No 7. Valves and piping tagged or color coded: □ Yes □ No 8. Depth markers specified: Pool Wall = □ Yes □ No 9. Life line specified at change in bottom slope: □ Yes □ No 10. If spa, "jet" or "therapy" system is independent from filter/recirculation system, other than at spa plenum: □ Yes □ No 11. Local ordinances and permit proposed backwash discharge: □ Yes □ No 12. Operating instructions specified: □ Yes □ No 13. Enclosure complies with Standards Section 310:315-7-2: □ Yes □ No 14. Any entry to pool is through self-closing, self-latching gate or door: □ Yes □ No 15. Lighting and electrical wiring are specified in accordance with Standards Sections 310:315-7-18 and 310:315-7-18 mod 310:320-3-4: □ Yes □ No 16. Safety equipment and provisions are specified in accordance with Regulations Sections 310:320-3-1 and 310:320-3-4: □ Yes □ No 16. Safety equipment and provisions are specified in accordance with Regulations Sections 310:320-3-1 and 310:315-7-7 and 310:315-7-7.8 (if pool is open to General Pu			
Engineer's Name: PE	License #:		
Engineer's Primary Phone: PE Lic #:			
Engineer's Email:			
Engineer's Signature:	Stown		
(Please retain a copy of all completed forms for your records.)	Stamp		

OKLAHOMA State Departmen of Health	nt	Protect Cons Pho	tive Health Services umer Health Service one: (405) 426-8250
This affirms that(Name of a	operating facility)	will be responsible for	
operating, maintaining and controlling use of	f the bathing facility located	l at:	
(physical address/finding location of	ICBATHING PLACE Responsibility (Appendix C)		
Oklahoma Public Bathing Place Interpretive	Code.		
Name of Authorized Designee for Operating Facility			
Title of Authorized Signature			
Mailing Address	City	State	Zip
Organization Name (if different from applicant)		Email address	
Signature			
Subscribed and sworn to before me this			
Notary Public		Seal	
My Commission expires			
(Please retain a cop	by of all completed forms for your	records.)	!



PUBLIC BATHING PLACES

Permit Fee Schedule - Appendix D

Send fee with all application documents (Appendices A-D), to:

MAIL: Oklahoma State Department of Health Attn: CPD – Public Bathing Place Program 123 Robert S. Kerr Ave Suite 1702 Oklahoma City, OK 73102-6406 HAND Delivery: Oklahoma State Department of Health Attn: CPD – Public Bathing Place Program 123 Robert S. Kerr Ave Suite 1702 Oklahoma City, OK 73102-6406

Applicant Name:

Physical Address of Public Bathing Place:

Please select the correct public bathing place type from the tables below and complete the volume* rounded to the nearest gallon identified. (*Examples: if New Spa is 723 gallons then enter 700; if Pool Modification is 22,803 gallons then enter 25000*)

Pool Permit Fees					
Pool Type	*Volume (Round to nearest <mark>5,000</mark> gallons)	Initial Fee ⁺ Calculation New=\$100 per 5,000 gal Mod=\$50 per 5,000 gal	Minimum Permit Fee ⁺	Enter Actual Fee Due (enter the ⁺ greater fee noted to the left; not to exceed \$2,000)	
New Pool			\$500		
Modification to Existing Pool			\$250		

		Spa Permit Fees		
Spa Type	*Volume (Round to nearest <mark>100</mark> gallons)	Initial Fee ⁺ Calculation New=\$50 per 100 gal Mod=\$25 per 100 gal	Minimum Permit Fee ⁺	Enter Actual Fee Due (enter the ⁺ greater fee noted to the left; not to exceed \$2,000)
🗌 New Spa			250	
Modification to Existing Spa			125	

-----Please include this page with your payment------Please include this page with your payment-----

310:250-3-6. Public Bathing Places

(a) The following are license classifications and associated fees for Public Bathing Places:

(1) Type 82 Class I "Indoor Facility"

(A) Public Bathing Places License Fee - \$50.00

(B) Public Bathing Places Re-inspection Fee - \$250.00

(2) Type 82 Class O "Outdoor Facility"

(A) Public Bathing Places License Fee - \$50.00

(B) Public Bathing Places Re-inspection Fee - \$250.00

(b) Each filter system for a construction project shall require a separate permit. One project may contain several construction items and require more than one permit. The maximum fee for each public bathing place construction permit will be \$2000.00

(1) New Construction

(A) Pool - Rounded to the nearest 5000 gallons volume - \$100.00 per 5000 gallons (minimum \$500.00 fee)

(B) Spray Pool -Rounded to the nearest 5000 gallons volume - \$100.00 per 5000 gallons (minimum \$500.00 fee)

(C) Spas - Rounded to nearest 100 gallons volume - \$50.00 per 100 gallons (minimum \$250.00 fee)

(2) Modification to Existing Permit

(A) Pool - Rounded to the nearest 5000 gallons volume - \$50.00 per 5000 gallons (minimum \$250.00 fee)

(B) Spray Pool - Rounded to the nearest 5000 gallons volume -50.00 per 5000 gallons (minimum \$250.00 fee)

(C) Spas - Rounded to the Nearest 100 gallons volume - \$25.00 per 100 gallons (minimum \$125.00 fee)

NOTE: The Department

does not permit or license

spray pools.