



City of Rahway

Department of Health

One City Hall Plaza
Rahway, NJ 07065

Phone (732) 827-2085
Fax 732)381-7668
Health@cityofrahway.com

Public Swimming Pool/Spa

The attached application for Public Swimming Pool or Spa is due January 1st of each year. The fee is **\$300 for each pool and/or spa**. As per N.J.A.C. 5:23 – 2:18(c) and 2.20(d), all pools must receive an annual electrical inspection and must maintain a Bonding and Grounding Certificate of Approval. Please contact the Electrical Sub-Code Official in the Building Department at 732-827-2087 for more information.

Per the Recreational Bathing Code (Chapter 9 – N.J.A.C. 8:26) an Operational Checklist must be completed by the owner or Trained Pool Operator (TPO) and returned along with the application. **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 and/or spa may open and/or operate until a satisfactory 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 this office two (2) weeks in advance to schedule an inspection.
- Pool water must be tested by a certified laboratory prior to opening.

Also attached is a Pool/Spa Main Drain Cover Replacement Form. This form must be filled out and returned to the Rahway Department of Health at the above address prior to the opening of your pool/spa with all other required documentation.

By law, all public pools and spas (which includes hotels, motels, and apartment complexes) must have ANSI/APSP-16 2017 compliant drain cover(s) installed. A second anti-entrapment system is also required when there is a single blockage main drain or drains on the same plane that are less than three feet apart.

Please make check(s) or money orders payable to: **“City of Rahway”**

If you have any questions please do not hesitate to contact us at 732-827-2085 Monday through Friday from 8:30am to 4:30pm.



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APPLICATION TO OPERATE A SWIMMING POOL OR SPA

Fee: \$300 for each Pool and/or Spa

License Expires December 31st

Payable by Check or Money Order to City of Rahway

NOTE: NJAC 8:26-5.2(A.2) For pools larger than 2,000 sq. ft., the designated adult supervisor shall possess Pool Director Training Certification.

Trade Name of Pool: _____

Owner: _____

If Corporation – President/Chairman/Trustee: _____

Address: _____

Location of Pool/Spa: _____

Size of Pool/Spa (Indicate Which Applies)

Pool/Spa # _____ Indoor/Outdoor (please circle) Size: _____ Volume: _____

Pool/Spa # _____ Indoor/Outdoor (please circle) Size: _____ Volume: _____

Pool/Spa # _____ Indoor/Outdoor (please circle) Size: _____ Volume: _____

Contact Person

Name: _____

Address: _____

Phone Number: _____

Certified Pool Operator

Name: _____

Address: _____

Phone Number: _____

Emergency Phone Number: _____

Registration Number: _____ Expiration Date: _____

Pool Director Training Certification (if applicable)

Name: _____

Address: _____

Phone Number: _____

Emergency Phone Number: _____

Registration Number: _____ Expiration Date: _____

Applicant's Name: _____

Signature: _____

§373-3 License required, fee; term; enforcement

- A. *It shall be unlawful for any person or corporation to operate any swimming or recreation facility that is governed by rules of Chapter IX of the New Jersey State Sanitary Code, as set forth in N.J.A.C. 8:26-1.1 et seq. entitled "Chapter 26, Public Recreational Bathing" without a license from Department of Health.*
- B. *Every application for a license under this section shall be made to the Rahway Department of Health.*
- C. *The following fees are established:*
1. *For plan review fee to locate and/or construct a bathing facility, \$250.00.*
 2. *Annual fee for each applicable swimming pool, \$300.00.*
 3. *Annual fee for each applicable aquatic recreation facility including spray park, \$300.00.*

FOR OFFICIAL USE ONLY:

Date Received: _____

Amount: \$ _____

Check/Money Order #: _____

I Recommend: () Approval () Disapproval

Health Inspector

**New Jersey Department of Health
Public Health and Food Protection Program**

**CHECKLIST FOR
PUBLIC RECREATIONAL BATHING FACILITIES**

Municipality	Local Health Authority	Date
Name of Public Recreational Bathing Facility		
Dates of Operation	Type of PRB Facility	
PRB Facility Location	Phone Number	Special Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Both
Owners Name and Address	Phone Number	
Certified Laboratory	Phone Number	Date of Last Sample
Trained Pool Operator	Email Address	Phone Number

Codes: X-Compliant P-Pending N/A-Not Applicable

PAPERWORK

TPO Certification No. and Exp. Date	Log Book
Lifeguard Certifications Current	Bonding and Grounding (5-year cert.)
Pro CPR Certifications Current	Bonding and Grounding (Town)
Aquatics Facility Plan	CB-20 completed and submitted
Water Sample(s) Results	MSDS sheets for all chemicals
Sanitary Surveys (N.J.A.C. 8:26-7.15)	Physical Hazards inspection

GENERAL LAYOUT

Emergency Phone Numbers	No Lifeguard on Duty Sign
Pool/Natural Waters Rules Sign	Adult Supervision Sign
No Diving Signs	Special Exempt Signs
Caution Chemical Sign	Spa Clock
No Smoking Sign (Chem. Room)	Spa Rules
Depth Markings	Diving Rules
Entrance(s) Secure	Cliff Jumps < 15'
Floats and Fixed Platforms Permitted with LHA Approval	Equipment for continuous disinfect all types pool water and meet N.J.A.C. 8:26-3.22
Diving stands, boards, ladders, stairs, all equipment maintained	Pool chemicals stored, handled and used per manufacturer's instructions
Water slides conform to CPSC and approved by LHA and/or NJDCA	Anti-entrapment drain covers installed, all documentation on site
Rope drops, cliff jumping, and aquatic play equipment meet N.J.A.C. 5:14A-12	Pool Floor (Clean and Visible)
Surface area (Pool sq')	Turnover Rate(s) (Pool)
Volume (Pool)	Pump Maximum Flow Rate(Pool)

**CHECKLIST FOR PUBLIC RECREATIONAL BATHING FACILITIES
(Continued)**

Name of Public Recreational Bathing Facility			
Codes: X-Compliant P-Pending N/A-Not Applicable			
EQUIPMENT			
Facility Phone		Vacuum Equipment	
Guard (Uniform/Whistle)		Skimmer Net	
DPD Test Kit		# of Returns	
First Aid Kit		Sight glass	
Rescue Tube(s)/LG		Entrapment Issues	
Backboard		Spa Requirements	
Straps		Wading Pool Requirements	
Head Immobilizer		Circulation System	
Shepherd Hooks		Flow Meters	
Reaching Poles/Assist		Continual Disinfection Device	
Safety Rope and Floats		Secure Fencing	
Ring Buoys		Self Close/Self Latching Gates	
Thermometer		Diving Boards	
Goggles and Gloves		Water Clarity	
Emergency numbers posted		Lifeguard platforms or stands	
Paddle Rescue Device		Emergency care room (500+)	
GENERAL SANITATION AND MAINTENANCE			
Bathrooms (Cleaned and Stocked)		Only unbreakable mirrors provided	
Separate BR facilities (each sex)		Sanitary sewage and filter backwash waters handled properly	
Sanitary facilities maintained and constructed of impervious materials		Solid waste stored in watertight containers with tight-fitting lids	
Floors have slip-resistant surface		Potable water supply source and of safe and sanitary quality	
Suitable receptacles provided for paper towels and waste materials		All buildings rodent and insect proofed	
Soap dispenser provided, hot and cold water		Premises maintained to prevent the breeding and harborage of vermin	
CHEMICALS / DISINFECTANTS (POOLS)			
Free Chlorine (10 ppm max)		pH (7.2 – 7.8)	
Total Chlorine (ppm)		Total Alkalinity (60 – 180 ppm)	
Combined Chlorine (\leq .2)		Calcium Hardness (ppm)	
Other Disinfectant		Cyanuric Acid (10 - 100ppm) Outdoor	

**CHECKLIST FOR PUBLIC RECREATIONAL BATHING FACILITIES
(Continued)**

Name of Public Recreational Bathing Facility			
Codes: X-Compliant P-Pending N/A-Not Applicable			
SUPERVISION			
Operations supervised by an adult		Aquatics Facility plan executed	
Standard first aid and Pro CPR		All lifeguards identifiable	
Pools have TPO, TPO onsite weekly		Lifeguards equipped with a whistle	
Adequate number of Lifeguards		Emergency Drills documented	
BATHING WATER QUALITY			
Pool water approved water source		Pool chemistry monitored (2 hrs)	
Water samples collected weekly		Deaths/serious injuries reported	
1 st sample failed warning signs		2 nd sample failure closure signs	
COMMENTS			

I verify that the statements made in this form are true and accurate and this Public Recreational Bathing facility meets the requirements of N.J.A.C. 8:26 et seq. I understand that all the information provided, if falsified, can be used against me in court, by the authorities.

Signature of Owner/TPO	Title or Position
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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													
FACILITY INFORMATION															
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													
POOL/SPA INSPECTION DETAILS															
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															
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 <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												
Result of Inspection: <i>(For local health authority use only)</i> <input type="checkbox"/> Approved/Certified <input type="checkbox"/> Conditional															
OWNER'S ACKNOWLEDGEMENT															
<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>															
Signature of Owner		Signature of Witness													