



Oconee County Environmental Health

P.O. Box 222, 7635 Macon Hwy., Suite # 180, Watkinsville, GA 30677
Phone# 706-769-7060 – Fax 706-310-3596



APPLICATION FOR SWIMMING POOL, SPA, AND RECREATIONAL WATER PARK OPERATION PERMIT

Complete and submit this application to the Oconee County Environmental Health Department
10 business days prior to opening the pool or beginning pool construction.

Name of Facility: _____ Type of Facility Served _____

Check Appropriate Block(s): Swimming Pool ☐ Spa ☐ Recreational Water Park ☐
New ☐ Existing ☐ Plans/Blueprints Provided ☐

Special Purpose Pool (If checked please check the type pool below.)
Activity/Interactive/Wading Pool ☐ Continuous Water Course ☐
Dual Use Pool ☐ Falling-Entry Pool ☐ Wading Pool ☐
Wave Pool ☐ Zero-Depth Entry Pool ☐ Zero-Depth Pool ☐

Sewage Disposal ☐ Public Sewer ☐ Individual Septic System

Water Supply: ☐ Public Water ☐ Individual Well ☐ Community Well

Address of Facility: _____
Street, Highway, or RFD City County Zip Code

Physical Location of Facility: _____
(PLAT indicating physical location)

Facility Owner's Name: _____ Phone Number: _____
Facility Owner's Address: _____ Email: _____

Facility's Billing Address: _____
Street, Highway, or RFD City County Zip Code State

Pool Operator's Name: _____ CPO* Expiration Date: _____
Please provide copy of CPO

Pool Operator's Email: _____
Pool Operator's Address _____
Street, Highway, or RFD City County Zip Code State Phone Number

Construction Date: _____ Date Operation to Begin: _____

(If Seasonal) Date Operation to Begin: _____ Date Operation to Close: _____

Hours of Operation: Open At _____ AM/PM To Close At: _____ AM/PM

The Type of Disinfectant to be used: _____

Pursuant to the Swimming Pools, Spas and Recreational Water Park Rules and Regulations Chapter 300 as adopted by the Oconee County Board of Health, an application is hereby made for a permit to operate the public swimming pool, spa, recreational water park as described above and the pool owner or authorized agent hereby certifies that he has received a copy of these stated Rules and Regulations.

Signed _____ (STATE whether Owner or Authorized Agent for the Owner) Date _____