

**Instructions for Filling out the Application to Operate a Public Bathing Place
Springfield Township
50 Powell Road
Springfield, Pa 19064
610-544-1300 610-544-3012**

Under the Pennsylvania's Public Bathing Law (35 P. S. §§ 672-680d) and the regulations in 28 Pa. Code Chapter 18, Springfield Township Chapter 126, it is unlawful to operate a public bathing place without first obtaining a permit from Springfield Township Department of Health, Susan Warner, Health Officer, swarner@springfielddelco.org and the Pennsylvania Department of Health, (see contact below).

Once construction has been completed, it is the responsibility of the owner/operator of the public bathing place to contact the Springfield Township Health Department and the district office of the Pennsylvania Department of Health and arrange for operational inspections. The purpose of the operational inspection is to ensure that the facility is operating in a safe and healthful manner and in compliance with the Public Bathing Law and the regulations in 28 Pa. Code Chapter 18. Upon satisfactory completion of the operational inspection, a license to operate a public bathing facility will be issued by Springfield Township Health Department and a permit to operate a bathing facility will be issued by PA Dept. of Health.

To obtain a copy of the Department of Health regulations for public bathing places, contact the district office of the Department of Health or visit the following website: <http://www.pacode.com/secure/data/028/chapter18/chap18toc.html>.

District Offices of the Department of Health

DISTRICT OFFICES

Southeast District Office
442 Reading State Office Building
625 Cherry Street
Reading, PA 19602-1187
(610) 378-4352 - Telephone
(610) 378-4527 - FAX

COUNTIES SERVED

Berks	Lancaster
Bucks	Montgomery
Chester	Philadelphia
Delaware	Schuylkill

The applicant should consult with the design engineer or architect for the dimensions of each unit and the specifications for the recirculation, chemical treatment, and filtration equipment. A unit is an individual swimming pool, beach, hot tub, wading pool, or other artificial or natural body of water that is to be used for public swimming and bathing. The facility is the entire operation that may encompass multiple units.

Examples of facilities and units

Facility	Units
Springfield Hotel	Swimming pool (1 unit)
Acme Hotel of Delaware County	Swimming pool and hot tub (2 units)
Municipal Community Pool	Swimming pool, wading pool, and spray pool (3 units)
Fun Time Waterpark	Wave pool, 3 catch pools for flume water slides, lazy river, and zero-depth entry lagoon with spray features (6 units total)

Note that each unit is considered a separate public bathing place and requires a separate operating permit. For each unit, a separate copy of Part IV must be filled out, however, a single copy of Parts I, II, and III may be submitted for the entire facility.

A check made payable to “Springfield Township” in the amount of \$90.00 (one pool); \$35.00 each additional pool must accompany the application to cover the processing fee for the application.

Part I: Facility Information

1. Name of Public Bathing Place:		
2. Address:		
3. City:	4. State:	5. Zip Code:
6. Municipality:	7. County:	
8. Phone Number:	9. Fax:	
10. Website URL:		
11. Email:		
12. Number of Units:	13. Expected Date of Opening:	

14. Owner Name:		
15. Address:		
16. City:	17. State:	18. Zip Code:
19. Municipality:	20. County:	
21. Phone Number:	22. Fax:	
23. Website URL:		
24. Email:		
25. Owner is (Check any that apply):		
<input type="checkbox"/> Municipal/County Agency <input type="checkbox"/> Federal Government <input type="checkbox"/> Resort/Convention Center <input type="checkbox"/> Apartment Complex/Rental Agency <input type="checkbox"/> YMCA/YWCA <input type="checkbox"/> Public/Private School <input type="checkbox"/> Campground <input type="checkbox"/> Country Club/Private Club	<input type="checkbox"/> Bureau of State Parks <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Bed and Breakfast <input type="checkbox"/> Health Club/Swim Club <input type="checkbox"/> Waterpark/Theme Park <input type="checkbox"/> College or University <input type="checkbox"/> Organized/Summer Camp <input type="checkbox"/> Other: _____	

26. Operator Name (if different from owner):		
27. Address:		
28. City:	29. State:	30. Zip Code:
31. Municipality:	32. County:	
33. Phone Number:	34. Fax:	
35. Website URL:		
36. Email:		

Part II: Bather Preparation Facilities:

37. Are separate toilet facilities for men and women located within fifty feet of the public bathing place? <input type="checkbox"/> yes <input type="checkbox"/> no		
38. Are separate shower and changing facilities for men and women provided within fifty feet of the public bathing place? <input type="checkbox"/> yes <input type="checkbox"/> no		
39. If no to question #39, where may the patrons go to shower and change?		
40. Fixtures provided		
Fixture	Number provided for Men	Number Provided for Women
a. Toilets		
b. Urinals		NONE APPLICABLE
c. Washbasins		
d. Showers		
41. Is at least one drinking fountain provided? <input type="checkbox"/> yes <input type="checkbox"/> no		Location:

Part III: Operational Checklist

42. Electrical Inspection Completed for each unit (yes/no)? <input type="checkbox"/>		
43. Electrical Inspection Agency Name:		
44. Address:		
45. City:	46. State:	47. Zip Code:
48. Phone Number:		49. Fax:
50. Website URL:		
51. Email:		
52. Name of Inspector:		53. Date of Certification:

Note: The regulations in 28 Pa. Code Chapter 18 require that the electrical systems in all public bathing places be inspected and certified as compliant with the National Electric Code by an independent electrical inspection agency. Electrical inspections shall be performed prior to opening the facility to the public and every three years thereafter. In accordance with 34 Pa. Code Chapter 401, all electrical inspectors performing inspections at public bathing places shall be certified by the Department of Labor and Industry as an electrical inspector.

54. Disinfection and pH Test Kit Manufacturer:*
55. Model:*
56. Method used for measuring disinfect levels:*

The regulations in 28 Pa. Code Chapter require that the disinfectant level and pH for each unit shall be tested and recorded hourly whenever the facility is open to the public.

57. Security: Is the facility surrounded by an enclosure and can all entrances be locked when the facility is closed to the public? <input type="checkbox"/> yes <input type="checkbox"/> no
--

Part III: Operational Checklist (continued)

58. At least one bacterial test performed for each unit? <input type="checkbox"/> yes <input type="checkbox"/> no		
59. Laboratory Name:		
60. Address:		
61. City:	62. State:	63. Zip Code:
64. Phone Number:	65. Fax:	
66. Website URL:		
67. Email:		
68. Laboratory Testing Method Used:		
69. Is the Laboratory Registered with the Department of Environmental Protection for Testing of Drinking Water? <input type="checkbox"/> yes <input type="checkbox"/> no		
70. Does the facility have a long-term contract with the laboratory to conduct weekly laboratory testing? <input type="checkbox"/> yes <input type="checkbox"/> no		

The regulations in 28 Pa. Code Chapter 18 require that a sample from each unit shall be tested for bacteria a minimum of once per week while the facility is open to the public. At least one bacterial test shall be made for each unit prior to opening the facility to the public.

71. Category 24 Certified Pesticide Applicator Name:*	
72. Certification No.:	73. Expiration Date:

The regulations in 7 Pa. Code Chapter 128 require all facilities with swimming pools or hot tubs have on staff a certified Category 24 pesticide applicator. For information on pesticide applicator certification, contact the regional office of the Department of Agriculture (see Appendix E)

74. NIOSH-Approved Self-Contained Breathing Apparatus – required at facilities that use chlorine gas (check one): <input type="checkbox"/> Located Outside the chlorinator room <input type="checkbox"/> N/A: Facility does not use chlorine gas.

75. Regulated Food Service (Check One): <input type="checkbox"/> Licensed by the Pennsylvania Department of Agriculture <input type="checkbox"/> Licensed by a Springfield Township Department of Health <input type="checkbox"/> NA – Regulated Food service is not provided at the public bathing place
--

Regulated food service includes all food and drink that is cooked or prepared at the facility. It does not include sale of prepackaged food or drink or sales from vending machines.

76. Included Documentation (Check all that are included with this application) <input type="checkbox"/> Copy of the construction permit <input type="checkbox"/> Copy of the blueprints as approved by the Construction Permit-Issuing Authority <input type="checkbox"/> Sanitary Survey Report (Bathing beach only – See Appendix D) <input type="checkbox"/> Copy of Electrical Inspection Certificate <input type="checkbox"/> Copy of Category 24 Pesticide Applicator License* <input type="checkbox"/> Copy of most recent bacterial test report <input type="checkbox"/> Copy of the Facility Use Rules (See Appendix A) <input type="checkbox"/> Check of \$10.00/unit made payable to “Commonwealth of Pa.”

*Does not apply to bathing beaches.

Part IV: Unit Information (Submit one copy of Part IV for each unit)

77. Unit Name:		
78. Unit Type (Check all that apply):		
<input type="checkbox"/> Indoor Swimming Pool <input type="checkbox"/> Indoor Wading Pool <input type="checkbox"/> Outdoor Spa/Hot Tub <input type="checkbox"/> Water Park Attraction <input type="checkbox"/> Above Ground Pool <input type="checkbox"/> Outdoor Spray Pool	<input type="checkbox"/> Indoor Spa/Hot Tub <input type="checkbox"/> Outdoor Swimming Pool <input type="checkbox"/> Outdoor Wading Pool <input type="checkbox"/> Bathing Beach <input type="checkbox"/> Indoor Spray Pool <input type="checkbox"/> Other: _____	
79. Does the Unit Contain Any of the Following? (Check all that apply)		
<input type="checkbox"/> Diving Board/Platforms Num: ____ <input type="checkbox"/> Lazy River <input type="checkbox"/> Wave Making Machinery <input type="checkbox"/> Climbable Structures Num: ____	<input type="checkbox"/> Water Slides Num: ____ <input type="checkbox"/> Zero Depth Entry Area <input type="checkbox"/> Spray Features Num: ____ <input type="checkbox"/> Other (Describe): _____	
80. Unit Dimensions		
a. Depth (feet)		
Shallow End:	Deep End:	Diving Area:
b. Volume (gallons):		c. Total Surface Area (Square feet):
d. Turnover Period (hours)*:		e. Flow Rate (GPM)*:
f. Configuration (check one):		
<input type="checkbox"/> Rectangular <input type="checkbox"/> L-Shaped <input type="checkbox"/> Oval <input type="checkbox"/> Circular <input type="checkbox"/> Kidney-Shaped <input type="checkbox"/> Other (Describe): _____		
g. Maximum User Load (As defined in ANSI/NSPI-1 2003 for pools, ANSI/NSPI-2 1999 for hot tubs, or the Public Bathing Place Manual for bathing beaches): _____		h. User Load Breakdown (Square Feet/Bather) Shallow Area: _____ Deep Area: _____ Diving Area: _____

*Does not apply to bathing beaches.

Part IV: Unit Information (Continued)

81. Filtration System*

a. Filter Type (Check One) <input type="checkbox"/> Sand <input type="checkbox"/> Diatomaceous Earth <input type="checkbox"/> Cartridge	
b. Filter Area (Square Feet):	c. Filtration Rate (GPM/Sq. Ft.):
d. Manufacturer:	
e. Make:	f. Model No:
g. Has the filter been certified by NSF International or by another independent testing agency as meeting the requirements of NSF Standard 50? <input type="checkbox"/> yes <input type="checkbox"/> no	
h. NSF Number: _____	i. Name of testing agency (If not NSF International):

GPM = Gallons per minute

82. Pump*

a. Manufacturer:	
b. Make:	c. Model:
d. Pump Capacity:	
e. Total Dynamic Head:	f. Horse Power:
g. Has the pump been certified by NSF International or by another independent testing agency as meeting the requirements of NSF Standard 50? <input type="checkbox"/> yes <input type="checkbox"/> no	
h. NSF Number: _____	i. Name of testing agency (If not NSF International):

See pump manufacturer specifications for pump information.

83. Disinfection Equipment*

a. Type of disinfectant used (check one):	
<input type="checkbox"/> Chlorine Gas <input type="checkbox"/> Calcium Hypochlorite <input type="checkbox"/> Trichlor <input type="checkbox"/> Chlorine Generation	<input type="checkbox"/> Sodium Hypochlorite <input type="checkbox"/> Dichlor <input type="checkbox"/> Bromine <input type="checkbox"/> Other (Specify): _____
b. Supplementary disinfectant (If applicable):	
c. Feeder Manufacturer:	
d. Make:	e. Model:
f. Number of Units:	g. Capacity (lbs of disinfectant):
h. Maximum Output (lbs/day):	i. Minimum Output (lbs/day):
g. Has the feeder been certified by NSF International or by another independent testing agency as meeting the requirements of NSF Standard 50? <input type="checkbox"/> yes <input type="checkbox"/> no	
h. NSF Number: _____	i. Name of testing agency (If not NSF International):

See disinfectant feeder manufacturer specification for feeder information

*Does not apply to bathing beaches.

Part IV: Unit Information (Continued)

84. Chemical Feeder for pH control*

a. Chemical used:	
b. Feeder Manufacturer:	
c. Make:	d. Model:
e. Number of Units:	f. Capacity (lbs of disinfectant):
g. Maximum Output (lbs/day):	h. Minimum Output (lbs/day):
i. Has the feeder been certified by NSF International or by another independent testing agency as meeting the requirements of NSF Standard 50? <input type="checkbox"/> yes <input type="checkbox"/> no	
j. NSF Number: _____	k. Name of testing agency (If not NSF International):

See feeder manufacturer specifications for feeder information

85. Other chemical feeder*

a. Type of Feeder:	
b. Chemical used:	
c. Feeder Manufacturer:	
d. Make:	e. Model:
f. Number of Units:	g. Capacity (lbs of chemical):
h. Maximum Output (lbs/day):	i. Minimum Output (lbs/day):
g. Has the feeder been certified by NSF International or by another independent testing agency as meeting the requirements of NSF Standard 50? <input type="checkbox"/> yes <input type="checkbox"/> no	
h. NSF Number: _____	i. Name of testing agency (If not NSF International):

See feeder manufacturer specifications for feeder information

86. Recirculation Equipment*

a. Number of Bottom Drains:	b. VGBA compliant drain cover** (yes/no)?:
c. Number of Inlets:	d. GPM of Inlets:
e. Inlet type (check one): <input type="checkbox"/> Wall <input type="checkbox"/> Floor <input type="checkbox"/> Combination	
f. Overflow System (Check one): <input type="checkbox"/> Gutters <input type="checkbox"/> Skimmers	
g. Skimmer Information (If applicable) <input type="checkbox"/> N/A	
Number of Skimmers:	GPM/Skimmer:
g. Have the skimmers been certified by NSF International or by another independent testing agency as meeting the requirements of NSF Standard 50? <input type="checkbox"/> yes <input type="checkbox"/> no	
h. NSF Number: _____	i. Name of testing agency (If not NSF International):

*Does not apply to bathing beaches

**Cover(s) complies with the requirements of the Federal Virginia Graeme Baker Pool and Spa Safety Act

Part IV: Unit Information (Continued)

87. Water Management

<p>a. Drinking Water Supply (Check One):</p> <p><input type="checkbox"/> Private Water Source Name: _____</p> <p><input type="checkbox"/> Public Water Source Name: _____</p>
<p>b. Is this a source approved by the Department of Environmental Protection? <input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>c. Pool/Hot Tub Water Supply (Check One):*</p> <p><input type="checkbox"/> Private Water Source Name: _____</p> <p><input type="checkbox"/> Public Water Source Name: _____</p> <p><input type="checkbox"/> N/A</p>
<p>d. Body of Water (lake, river, stream, etc) that the bathing beach is located.</p> <p>Name: _____</p> <p><input type="checkbox"/> N/A</p>
<p>e. Wastewater Disposal Method:</p>
<p>f. Is this method approved by the Department of Environmental Protection? <input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>g. Most recent bacterial test results of the bathing water:</p>

<p>88. Safety Equipment. As required in 28 Pa. Code Chapter 18, the facility shall have one of each of the following safety devices for each unit: reaching device, flotation device, and first aid kit. Check to indicate that a device has been purchased for the unit.</p> <p>a. Reaching Device (check one) <input type="checkbox"/> pole <input type="checkbox"/> shepherd's crook <input type="checkbox"/> rope</p> <p>b. Flotation Device (check one) <input type="checkbox"/> lifeguard rescue tube <input type="checkbox"/> life ring</p> <p>c. First Aid Kit <input type="checkbox"/> Standard 24-unit first aid kit (See Appendix C)</p>
--

*Does not apply to bathing beaches.



Part V: Springfield Township Department of Health use only

Date Application Received:		
Date Operational Inspection Performed:		
Permit(s) Issued by (Print name):		
Signature:		
Permits Issued on:		
Unit	Name	Permit Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Attach copies of all inspection sheets to the application.

Appendix A – Recommended Public Bathing Place Usage Rules

Each facility should have posted in a prominent location the facility use rules. These rules are intended to inform patrons of behaviors to avoid as well as behaviors that should be encouraged in order to have a safe and healthful enjoyment of the facility. The following are lists of recommended usage rules. Facilities are encouraged to tailor these rules to meet their individual needs and to develop additional rules as needed.

General Rules for Swimming Pools and Other Public Bathing Places:

- Persons with infections or diseases that may be transmitted by the pool water are prohibited (28 Pa. Code §18.53).
- Patrons should shower before entering the pool area.
- No diving in areas of five feet of depth or less.
- No running or rough play.
- No glass containers in the pool area.
- Children under the age of 16 years should be supervised by a parent or guardian.
- Do not swim alone.
- Do not swim during severe weather conditions such as electrical storms or tornado.

Additional General Rules for Spas and Hot Tubs:

- Pregnant women, elderly persons, small children, and persons suffering from heart disease, diabetes, or high or low blood pressure should consult with a physician before using the facility.
- Risk of Drowning - Do not use the spa or hot tub while under the influence of alcohol, narcotics or other drugs that cause sleepiness, drowsiness, or raise/lower blood pressure.
- Do not use the spa if the temperature is above 102 degrees F (39 degrees C).
- Enter and exit slowly.
- Do not use alone. Overexposure to hot water may cause nausea, dizziness and fainting.
- Exit the spa if you experience nausea or dizziness.
- Observe a reasonable time limit. Exit after 10-15 minutes and cool down before re-entering.
- Keep all breakable objects out of the spa area.
- Never place electrical appliances such as radios, TV, telephones within five (5) feet of the spa.
- Do not use or operate the spa if the suction fitting is missing broken or loose.

General Rules for Bathing Beaches:

- Children under the age of 16 must be supervised by an adult
- Swim only in designated areas.
- Do not swim while under the influence of alcohol or drugs.
- Do not swim alone.
- The hours of operation for the swimming beach.
- Emergency contact information for the bathing beach.

Additional Rules for Water Slides:

- One rider at a time. Wait until the landing area is clear before entering the slide.
- Slide in a sitting position or on the back only.
- No “head first” sliding.
- Do not attempt to stop in the slide.
- Leave the catch area immediately.

If lifeguard coverage is not required, the operator should also post a sign stating, “Warning: No Lifeguard on Duty” in letters at least four inches high and the words “Children Under the Age of Sixteen (16) Should be Accompanied by an Adult” in letters at least one inch high.

Signs should be legible and posted prominently inside the public bathing place enclosure and in the bather preparation areas. Note that the rules listed above are intended as a guide and not a regulatory standard.

Appendix B – Sample Daily Log Sheet

Unit Name: _____

Month: _____

Day	Number of Bathers	Disinfection Residual in PPM				Water pH		Operation Data		
		Shallow End		Deep End				Hours Pump Operated	Gallons Fresh Water Added	Water Temp
		AM	PM	AM	PM	AM	PM			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										

Date of Last Filter Backwash: _____

Pool Last Drained On: _____

Appendix D – Recommended First Aid Kit Contents

Under the regulations in 28 Pa. Code Chapter 18, all public bathing places are required to have on site a “standard 24-unit first aid kit, filled and readily available for emergency use.” The following is a list of recommended contents that should be kept in the first aid kit:

- Two units - 1-inch (2.5 cm) adhesive compress
- Two units - 2-inch (5.1 cm) bandage compress
- Two units - 3-inch (7.6 cm) bandage compress
- Two units - 4-inch (10 cm) bandage compress
- One unit - 3-inch by 3-inch (7.6 cm by 7.6 cm) plain gauze pad
- Two units - gauze roller bandage
- One unit - eye dressing packet
- Four units - plain absorbent gauze, ½ square yard (0.42 m²)
- Three units - plain absorbent gauze, 24 inches (61 cm) by 72 inches (180 cm)
- Four units - triangular bandages, 40 inches (101.6 cm/1.0m)
- One unit - bandage scissors, tweezers
- Two units - disposable surgical gloves
- One unit - CPR face mask
- Two units - protective face shield

