



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

Application for Renewal of Water Recreational Facilities Permit

Water Recreation Facilities permit renewal can be completed online by visiting www.fairfaxcounty.gov/hd/permits. To complete this application by email, by fax or in person, fill out one renewal application for each individual pool/water feature. No pool/water feature can be in operation until the owner has secured a current permit from the Health Department. If there are any changes to existing construction approval, updated plans/specifications must be submitted to the Health Department. If there has been (1) a change of the facility owner's name or address; or (2) a change to the facility's name or address, do not complete this form; instead, please call 703-246-2201, TTY 711.

Invoice #: (Required)

Permit #: (Required)

This application will not be processed without the Invoice# and the Permit#. The Invoice# and the Permit# can be found on the renewal application/invoice that was mailed to the facility owner.

Owner Name: _____

Owner Address: _____

City: _____ State: _____ Zip Code: _____

Owner Phone No.: _____ - _____ - _____

Owner Email: _____ @ _____

Pool/Waterpark Name: _____ Pool Type: _____

Street _____

City: _____ State: _____ Zip Code: _____

Pool Management Name: _____

Pool Management Address: _____

City: _____ State: _____ Zip Code: _____

Pool Management Phone No.: _____ - _____ - _____

Pool Mgmt. Email: _____ @ _____

Certified Pool Operator Name: _____

Certified Pool Operator Certificate No: _____ Exp. Date: _____

Certified Pool Operator's Cellphone No: _____ - _____ - _____

Pool/ Waterpark will operate: Year Round? Yes No Seasonal? Yes No Food Service: Yes No Swim League: Yes No

Seasonal Dates of Operation: _____ / _____ / _____ TO _____ / _____ / _____

Operational Days and Hours:

| | | | | | | | | | | | | |
|---|---|---|----|---|---|----|------|----------------------|-------|----|----------------------|-------|
| M | T | W | TH | F | S | SU | from | <input type="text"/> | AM/PM | to | <input type="text"/> | AM/PM |
| M | T | W | TH | F | S | SU | from | <input type="text"/> | AM/PM | to | <input type="text"/> | AM/PM |
| M | T | W | TH | F | S | SU | from | <input type="text"/> | AM/PM | to | <input type="text"/> | AM/PM |

| Office Use Only | |
|-----------------|----------------------|
| RENEWAL | _____ |
| PERMIT # | _____ |
| PROJECT # | _____ |
| PAYEE ID # | _____ |
| AMOUNT \$ | _____ |
| CHECK # | _____ |
| TRANSACTION # | _____ |
| Date Paid | <input type="text"/> |
| CASHIER | _____ |
| APPROVED BY | _____ |
| DATE APPROVED | _____ |

Payments can be made by cash, credit card, or check. Please make checks payable to the County of Fairfax.

All application fees are non-refundable.

Sign and complete back of this form.

Return completed renewal applications by mail, by fax or in person using the contact information at the bottom of page 2.

PREOPENING CHECKLIST

The following Preopening Checklist must be completed for a water recreational facility permit to be issued. A water recreational facility cannot be operated unless the owner has secured an annual or seasonal permit. Each item must be initialed by the Certified Pool Operator once verified.

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| <p>_____ Supervision: Rules and Regulations posted.</p> <p>_____ Supervision: Required signs posted on deck.</p> <p>_____ Water Quality: Disinfection chemical feeder(s) operational, properly sized and supplied.</p> <p>_____ Water Quality: Approved chemical test kit properly supplied.</p> <p>_____ Water Quality: Water supply free of cross connections.</p> <p>_____ Water Quality: Water quality board provided.</p> <p>_____ Recirculation System: Filter room information placard posted & specific backwash instructions posted.</p> <p>_____ Recirculation System: Filter room- ventilation, lighting, drainage, cleanliness.</p> <p>_____ Recirculation System: Pump, motor, hair/lint strainer maintained and operational; extra hair/lint strainer provided.</p> <p>_____ Recirculation System: Filter operational; water clarity; piping properly color coded.</p> <p>_____ Recirculation System: Minimum flow rate maintained; gauges properly installed and maintained.</p> <p>_____ Recirculation System: Backwash line properly drained.</p> <p>_____ Recirculation System: Skimmer- baskets, weirs, adjustments, water level.</p> <p>_____ Recirculation System: Returns free flowing and properly adjusted.</p> <p>_____ Electrical: Satisfactory electrical inspection conducted within the past 12 months and filed with the Health Department.</p> | <p>_____ Safety/Safety Equipment: Diving boards, slides, ladders, guard stand(s) are secure and safe to use.</p> <p>_____ Safety/Safety Equipment: Depth markers legible, located and sized properly.</p> <p>_____ Safety/Safety Equipment: Lifelines, rescue tubes, and reaching poles provided.</p> <p>_____ Safety/Safety Equipment: Hard-wired telephone operational or variance request submitted.</p> <p>_____ Safety/Safety Equipment: Employee Protection Equipment: apron, eye protection, gloves.</p> <p>_____ Safety/Safety Equipment: Free from hazardous conditions.</p> <p>_____ Pool/Pool Premises: Drain grates secure.</p> <p>_____ Pool/Pool Premises: Decks, coping, grout and caulking in good repair.</p> <p>_____ Pool/Pool Premises: Whitecoat in good repair.</p> <p>_____ Pool/Pool Premises: Grassed area properly fenced with approved and operational foot showers.</p> <p>_____ Pool/Pool Premises: Food confined to approved area.</p> <p>_____ Bathroom: Access to pool through bathroom, adequate facilities, good repair.</p> <p>_____ Bathroom: Water heater, anti-scalding devices operational and adjusted.</p> <p>_____ Bathroom: Water fountains operational and adjusted.</p> |
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I have inspected the above items and verified they are functioning properly.

Certified Pool Operator Name

Certified Pool Operator Signature

Date / /

Send Permit to: Owner Pool Mgt. Company Pool/Waterpark Hold for pick-up

A water recreational facility permit will not be issued unless this application meets all the applicable requirements found in the Fairfax County Water Recreational Facilities Ordinance (FC WRFO) and the permit has been signed and approved by the Health Department. I agree to follow the FC WRFO and ensure that best aquatic safety practices are followed.

"Owner" as defined in the FC WRFO means "any person or legally authorized representative of any person who owns and leases a water recreation facility, and in whose name the owner's annual and seasonal permit is issued. The person in charge of the water recreation facility shall be deemed to be the designee of the owner."

I hereby certify that I have the authority, as an individual or company, to apply for this permit as the owner of the property.

Owner/Legally Authorized Representative Name/Title (Print Name/Title)

Owner/ Legally Authorized Representative Signature

Date / /

« A fee of \$50 for any check returned for insufficient funds.
 « A late payment penalty of the greater of \$10 or 10% of the account balance, plus interest at the added rate of 10% per annum calculated on all fees and charges paid to the County after the original due date.
 « Pursuant to County policy, delinquent accounts may be placed with a private collection agent to collect all debts. By state law, collection agents may charge debtors an additional collection fee of 20% on all amounts past due. Accounts turned over to collections are also subject to a \$30 administrative collection fee. Collection actions may include wage liens, bank liens, property seizures, court proceedings, and flagging of credit records.

**Fairfax County Health Department
 Division of Environmental Health
 www.fairfaxcounty.gov/hd/eh**

10777 Main Street, Suite 102, Fairfax, VA 22030 • 703-246-2201 • TTY 711 • FAX 703-653-9448 • hdehd@fairfaxcounty.gov