

## **Application to Operate a Public Bathing Place**

Pennsylvania Department of Health

June 2015

#### Instructions for Filling out the Application to Operate a Public Bathing Place

Under the Pennsylvania's Public Bathing Law (35 P. S. §§ 672-680d) and the regulations in 28 Pa. Code Chapter 18, it is unlawful to operate a public bathing place without first obtaining a permit from the Department of Health. Once construction has been completed, it is the responsibility of the owner/operator of the public bathing place to contact the district office of the Pennsylvania Department of Health and arrange for an operational inspection (See Page 3 – District Offices of the Department of Health). 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 permit to operate a public bathing place will be issued by the Department.

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: <a href="http://www.pacode.com/secure/data/028/chapter18/chap18toc.html">http://www.pacode.com/secure/data/028/chapter18/chap18toc.html</a>.

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		
Camp Getaway	Beach (1 unit)		
Acme Hotel of Elks County	Swimming pool and hot tub (2 units)		
Generic Borough 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 "Commonwealth of PA" in the amount of \$10.00 per unit must accompany the application to cover the processing fee for the application.

### **District Offices of the Department of Health**

### **DISTRICT OFFICES**

### **COUNTIES SERVED**

Southeast District Office 442 Reading State Office Building 625 Cherry Street Reading, PA 19602-1187 (610) 378-4352 - Telephone (610) 378-4527 - FAX	Berks Bucks Chester Delaware	Lancaster Montgomery Philadelphia Schuylkill
Northeast District Office Scranton State Office Building 100 Lackawanna Avenue, Room 316 Scranton, PA 18503 (570) 892-4080 - Telephone (570) 826-2238 - FAX	Carbon Lackawanna Lehigh Luzerne Monroe	Northampton Pike Susquehanna Wayne Wyoming
Northcentral District Office Water Tower Square 1000 Commerce Park Drive, Suite 109 Williamsport, PA 17701-5996 (570) 327-3400 - Telephone (570) 327-3748 - FAX	Bradford Centre Clinton Columbia Lycoming Montour	Northumberland Potter Snyder Sullivan Tioga Union
Southcentral District Office 30 Kline Plaza Harrisburg, PA 17104 (717) 787-8092 - Telephone (717) 772-3151 - FAX	Adams Bedford Blair Cumberland Dauphin Franklin	Fulton York Huntingdon Juniata Lebanon Mifflin Perry
Northwest District Office 19 McQuiston Drive Jackson Center, PA 16133 (724) 662-6068 - Telephone (724) 662-6086 - FAX	Cameron Clarion Clearfield Crawford Elk Erie	Forest Warren Jefferson Lawrence McKean Mercer Venango
Southwest District Office 233 West Otterman Street Greensburg, PA 15601 (724) 830-2701 - Telephone (724) 832-5327 - FAX	Allegheny Armstrong Beaver Butler Cambria Fayette	Greene Indiana Somerset Washington Westmoreland

# **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):			
☐ Municipal/County Agency ☐ Bureau of State Parks				
☐ Federal Government		□ Hotel/Mote		
☐ Resort/Convention Center		□ Bed and Br		
☐ Apartment Complex/Rental	l Agency	☐ Health Club		
□ YMCA/YWCA		<ul><li>□ Waterpark/Theme Park</li><li>□ College or University</li></ul>		
☐ Campground☐ Country Club/Private Club		☐ Organized/	Summer Camp	
- Country Club/1 IIVate Club				
26. Operator Name (if differe	nt 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?						
☐ yes ☐ no  38. Are separate shower and changing facilities for men and women provided within fifty						
feet of the public bathing place?   yes   no						
39. If no to ques			ons go to s	show	er and change?	
40. Fixtures pro	vided					
Fixture	Number provided for Men Number Provided for Women				rovided for Women	
a. Toilets						
b. Urinals			****	****	*********	
c. Washbasins						
d. Showers						
41. Is at least on fountain provide no		Location:	,			
Part III: Ope	erational Ch	ecklist				
42. Electrical In	spection Comp	oleted for each	unit (yes/r	10)?		
43. Electrical In	spection Agen	cy Name:				
44. Address:						
45.City:		46. State:			47. Zip Code:	
48. Phone Numb	oer:		49. Fax:			
50. Website URL:						
51: Email:						
52. Name of Ins	pector:		53. Date	of Co	ertification:	
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 <b>three years thereafter</b> . 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	d for measuring	g disinfect leve	ls:*			
The regulations in 28 Pa. Code Chapter require that the disinfectant level and pH for each unit shall be tested and recorded <b>at least twice a day</b> 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? $\Box$ yes $\Box$ no						

\*Does not apply to bathing beaches

# **Part III: Operational Checklist (continued)**

	performed for e	each unit? ¬ ves	S □ no			
59. Laboratory Name:	performed for v	each ame.   yes	5 L 110			
60. Address:						
61. City:	62. State:		63. Zip Code:			
64. Phone Number:		65. Fax:				
66. Website URL:						
67. Email:						
68. Laboratory Testing Method	od Used:					
69. Is the Laboratory Register		epartment of En	vironmental Protection for			
Testing of Drinking Water?	•	act with the leb	protory to conduct weekly			
70. Does the facility have a l laboratory testing?	ong-term contra	act with the labo	oratory to conduct weekly			
$\square$ yes $\square$ no						
<u> </u>	pter 18 require tha	t a sample from ea	ach unit shall be tested for bacteria a			
			east one bacterial test shall be made			
for each unit prior to opening the fa	icinty to the public	• 				
71. Category 24 Certified Per	sticide Applicate	or 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):					
Located Outside the chlorinator room						
	nator room					
□ N/A: Facility does not use	nator room					
	nator room chlorine gas.					
□ N/A: Facility does not use	nator room chlorine gas. Check One):	of Agriculture				
□ N/A: Facility does not use  75. Regulated Food Service ( □ Licensed by the Pennsylvan □ Licensed by a County or Le	chlorine gas.  Check One):  nia Department ocal Health Age	ency				
□ N/A: Facility does not use  75. Regulated Food Service ( □ Licensed by the Pennsylvar □ Licensed by a County or Louis NA – Regulated Food service ( □ NA – Regulated Food service)	chlorine gas.  Check One):  nia Department  ocal Health Age  ice is not provide	ency led at the public	<u>U I</u>			
□ N/A: Facility does not use  75. Regulated Food Service ( □ Licensed by the Pennsylvan □ Licensed by a County or Louise NA – Regulated Food service includes all	Check One): nia Department ocal Health Age ice is not provide food and drink tha	ency led at the public at is cooked or prep	pared at the facility. It does not			
□ N/A: Facility does not use  75. Regulated Food Service ( □ Licensed by the Pennsylvan □ Licensed by a County or Louise NA – Regulated Food service includes all include sale of prepackaged food of	chlorine gas.  Check One):  nia Department  ocal Health Age  ice is not provid  food and drink that  r drink or sales from	ency led at the public at is cooked or prep m vending machin	pared at the facility. It does not es.			
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□ N/A: Facility does not use  75. Regulated Food Service ( □ Licensed by the Pennsylvan □ Licensed by a County or Louise in NA — Regulated Food service includes all include sale of prepackaged food of  76. Included Documentation □ Copy of the construction pour copy of the blueprints as a	Check One): nia Department ocal Health Age ice is not provid food and drink that or drink or sales from (Check all that a ermit pproved by the	ency led at the public at is cooked or prep m vending machin are included wi  Construction Pe	chared at the facility. It does not es.  th this application)  ermit-Issuing Authority			
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<sup>\*</sup>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 tha	t apply):			
☐ Indoor Swimming Pool		□ Indoor Spa/Hot Tub		
□ Indoor Wading Pool		□ Outdoor Swimming Pool		
□ Outdoor Spa/Hot Tub		□ Outdoor Wading Pool		
☐ Water Park Attraction		□ Bathing Beach		
☐ Above Ground Pool		□ Indoor Spray	Pool	
□ Outdoor Spray Pool		□ Other:		
79. Does the Unit Contain Ar	ny of the Follow	ving? (Check all that apply)		
□ Diving Board/Platforms		□ Water Slides		
Num:		Num:		
□ Lazy River		□ Zero Depth I		
☐ Wave Making Machinery		□ Spray Featur	es	
☐ Climbable Structures		Num:		
Num:		□ Other (Descr	ribe):	
80. Unit Dimensions				
a. Depth (feet)				
Shallow End:	Deep End:	Deep End: Diving Area:		
b. Volume (gallons):		c. Total Surface	e Area (Square feet):	
d. Turnover Period (hours)*:		e. Flow Rate (GPM)*:		
f. Configuration (check one):  Rectangular  L-Shaped  Oval  Circular  Kidney-Shaped  Other (Describe):				
g. Maximum User Load (As of ANSI/NSPI-1 2003 for pools 2 1999 for hot tubs, or the Pu Place Manual for bathing bea	, ANSI/NSPI- blic Bathing	Feet/Bather) Shallow Area: Deep Area:	Breakdown (Square	

<sup>\*</sup>Does not apply to bathing beaches.

# **Part IV: Unit Information (Continued)**

81. Filtration System*	
a. Filter Type (Check One)	
□ Sand	
□ Diatomaceous Earth	
□ 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 Intern	•
agency as meeting the requirements of NSF	
h. NSF Number:	i. Name of testing agency (If not NSF
	International):
GPM = Gallons per minute	<u> </u>
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 Inter-	national or by another independent testing
agency as meeting the requirements of NSF	•
h. NSF Number:	i. Name of testing agency (If not NSF
	International):
See pump manufacturer specifications for pump informa	tion.
83. Disinfection Equipment*  a. Type of disinfectant used (check one):	
☐ Chlorine Gas	□ Sodium Hypochlorite
□ Calcium Hypochlorite	□ Dichlor
□ Trichlor	□ Bromine
□ Chlorine Generation	□ Other (Specify):
- Chieffile Ceneration	U Other (Specify).
b. Supplementary disinfectant (If applicable):	U Other (Specify).
	U Other (Specify).
b. Supplementary disinfectant (If applicable):	e. Model:
b. Supplementary disinfectant (If applicable): c. Feeder Manufacturer:	
b. Supplementary disinfectant (If applicable): c. Feeder Manufacturer: d. Make:	e. Model:
b. Supplementary disinfectant (If applicable):  c. Feeder Manufacturer: d. Make: f. Number of Units: h. Maximum Output (lbs/day): g. Has the feeder been certified by NSF International	e. Model: g. Capacity (lbs of disinfectant): i. Minimum Output (lbs/day):
b. Supplementary disinfectant (If applicable):  c. Feeder Manufacturer: d. Make: f. Number of Units: h. Maximum Output (lbs/day): g. Has the feeder been certified by NSF International the requirements of NSF Standard 50?   per property of the property of	e. Model: g. Capacity (lbs of disinfectant): i. Minimum Output (lbs/day): or by another independent testing agency as meeting
b. Supplementary disinfectant (If applicable):  c. Feeder Manufacturer: d. Make: f. Number of Units: h. Maximum Output (lbs/day): g. Has the feeder been certified by NSF International	e. Model: g. Capacity (lbs of disinfectant): i. Minimum Output (lbs/day): or by another independent testing agency as meeting i. Name of testing agency (If not NSF
b. Supplementary disinfectant (If applicable):  c. Feeder Manufacturer: d. Make: f. Number of Units: h. Maximum Output (lbs/day): g. Has the feeder been certified by NSF International the requirements of NSF Standard 50?   per property of the property of	e. Model: g. Capacity (lbs of disinfectant): i. Minimum Output (lbs/day): or by another independent testing agency as meeting

<sup>\*</sup>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 Interragency as meeting the requirements of NSF S	· · · · · · · · · · · · · · · · · · ·			
j. NSF Number:	k. Name of testing agency (If not NSF			
	International):			
See feeder manufacturer specifications for feeder info	rmation			
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? □ yes □ no				
h. NSF Number:  i. Name of testing agency (If not NSF International):				
See feeder manufacturer specifications for feeder info	rmation			
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):				
□ Wall				
☐ Floor☐ Combination☐				
f. Overflow System (Check one):				
Gutters Gutters				
□ Skimmers				
g. Skimmer Information (If applicable)				
□ N/A				
Number of Skimmers:	GPM/Skimmer:			
g. Have the skimmers been certified by NSF Inte	· · · · · · · · · · · · · · · · · · ·			
agency as meeting the requirements of NSF Stan				
h. NSF Number:	i. Name of testing agency (If not NSF			
*Does not apply to bathing beaches	International):			

<sup>\*\*</sup>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

or: water wanagement
a. Drinking Water Supply (Check One):
□ Private Water Source
Name:
□ Public Water Source
Name:
b. Is this a source approved by the Department of Environmental Protection?   yes
no
c. Pool/Hot Tub Water Supply (Check One):*
-Director Wester Comme
□Private Water Source Name:
rvaine.
□ Public Water Source
Name:
NT/A
□ N/A d. Body of Water (lake, river, stream, etc) that the bathing beach is located.
d. Body of water (lake, fiver, stream, etc) that the bathing beach is located.
Name:
e. Wastewater Disposal Method:
f. Is this method approved by the Department of Environmental Protection?   yes   no
g. Most recent bacterial test results of the bathing water:
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.  a. Reaching Device (check one) □ pole □ shepherd's crook □ rope
b. Flotation Device (check one) $\square$ lifeguard rescue tube $\square$ life ring
c. First Aid Kit
*Does not apply to bathing beaches.

## Part V: Pennsylvania Department of Health use only

Date A	Application Received:	
Date (	Operational Inspection Performed:	
Permi	t(s) Issued by (Print name):	
Signat	ture:	
Permi	ts 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:
Unit Ivaine.	MOIIII.

Day	Number of	Disint PPM	fection ?	Residua	l in	Water pH		Operation Data			
	Bathers	Shallo	)W	Deep	End			Hours	Gallon	Water	
		End						Pump	s Fresh	Temp	
								Operate	Water		
			1		ı		1	d	Added		
		AM	PM	AM	PM	AM	PM				
1											
2											
3			1								
4			1								
5											
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29											
30											
31											

Date of Last Filter Backwash:	
Pool Last Drained On:	

#### **Appendix C – Sanitary Survey Report for Bathing Beaches**

The sanitary survey report is a detailed examination of the conditions in and around the natural body of water and should be performed in consultation with the design engineer. The sanitary survey report should include, at minimum, the following:

- Potential sources of contamination upstream including streams, unsewered residential areas, wastewater treatment plants, combined sewer and storm drain outlets, industrial outlets, sanitary landfills, open dumps, animal enclosures, potential high erosion areas and any other source of chemical or biological contamination, including the potential for contamination during and after storm events.
- The volume/flow, location, size and concentration of potential sources of contamination as described in subsection 18.110(1) of the Public Bathing Place Manual, Part II: General Purpose Recreational Bathing Beaches.
- Water sampling for bacteriological, physical, and chemical quality. The testing period shall take place over an eight-week period during the low flow period of the swimming season, the months of July and August. At least two sets of five water samples shall be taken over a period of not less than thirty days. Physical quality testing shall include, but not be limited to, a history of the pH and turbidity of the water.
- Location and levels of boat traffic, including fishing, boating, and canoeing and the location of any marinas or boat docks in the area.
- Water currents and other potential hazards to swimmers, including seasonal or anticipated water level variations.
- The influence of wind, rainfall, current, topography, or unusual factors in the watershed.
- A plot map showing the location of the proposed swimming beach, dimensions, contours, existing land use, and potential sources of contamination drawn to an appropriate scale.
- An evaluation of aquatic plant and animal life.
- The sanitary survey will be conducted with the assistance and/or knowledge of health officials, water and wastewater plant operators, park managers, laboratory personnel, and the appropriate federal agency personnel.

For more information on performing a sanitary survey, consult the Department of Health publication, *Public Bathing Place Manual Part II: General Purpose Recreational Bathing Beaches*.

#### **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 m<sup>2</sup>)

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

#### Appendix E – Pennsylvania Department of Agriculture Regional Offices

#### **REGIONAL OFFICE**

#### **COUNTIES SERVED**

REGION 1
13410 Dunham Road
Meadville, PA 16335-8346
(814) 332-6890
T (014) 222 1421

Fax	:	(814) 333-1431

REGION 2
542 County Farm Road, Suite102
Montoursville, PA 17754-9685

(570) 433-2640 Fax: (570) 433-4770

**REGION 3** 

113 SR 92 South, PO Box C Tunkhannock, PA 18657-0318 (570) 836-2181

Fax: (570) 836-6266

**REGION 4** 

226 Donohoe Road Greensburg, PA 15601 (724) 823-1073 Fey: (724) 832-1013

Fax: (724) 832-1013

**REGION 5** 

Martinsburg Commons 403 East Christiana Street Martinsburg, PA 16662 (814) 793-1849

Fax: (814) 793-1869

**REGION 6** 

2301 N. Cameron Street, Suite G-5 Harrisburg, PA 17110-0184 (717) 346-3223

Fax: (717) 346-3229

**REGION 7** 

1015 Bridge Road Collegeville, PA 19426 (610) 489-1003

Fax: (610) 489-6119

Clarion Jefferson
Crawford McKean
Elk Mercer
Erie Venango
Forest Warren

Cameron Northumberland
Clinton Potter
Columbia Snyder
Lycoming Tioga
Montour Union

Bradford Pike
Carbon Sullivan
Lackawanna Susquehanna
Luzerne Wayne
Monroe Wyoming

Allegheny Greene
Armstrong Indiana
Beaver Lawrence
Butler Washington
Fayette Westmoreland

Bedford Fulton
Blair Huntingdon
Cambria Juniata
Centre Mifflin
Clearfield Somerset

Adams Cumberland Dauphin Franklin

Berks Montgomery
Bucks Northampton
Chester Philadelphia
Delaware Lehigh

Lancaster

Lebanon Perry

York