



Oklahoma State Department of Health  
Creating a State of Health

## PUBLIC BATHING PLACES Application Packet and Instructions

- Complete one (1) “Application for Permit to Construct Public Bathing Place” (Appendix A) for EACH proposed bathing place/venue being submitted.
- Submit the following items with a signed seal from a Professional Engineer (P.E.) licensed in the State of Oklahoma (each proposed bathing place must have these items and must include the seal of the P.E. for the project):
  - Five (5) copies of proposed plans
  - One (1) complete “Summary Engineering Report” (Appendix B)
  - Applicable equipment lists/cut sheets
  - Specifications
- Complete one (1) “Affidavit of Responsibility” (Appendix C) signed by the OWNER of the proposed bathing place for each application
- Check or money order in the amount

- Send plans (all documents listed above) by mail or hand delivery :  
MAIL: Oklahoma State Department of Health  
Attn: CPD – Public Bathing Place Program  
1000 NE 10<sup>th</sup> St  
Oklahoma City, OK 73117-1299

### Check or Money Order ONLY by Mail

- HAND Delivery: Oklahoma State Department of Health  
1000 NE 10<sup>th</sup> St  
Attn: CPD – Public Bathing Place Program  
12<sup>th</sup> Floor – Room 1214  
Free Visitor Parking  
Must have a picture ID to enter building

**PLAN  
Submission**

**Check, Money Order, Cash, or Credit Card accepted by Walk-in on 1<sup>st</sup> floor**

If hand-delivering and paying onsite, please first pay at the 1<sup>st</sup> floor cashier window and bring a copy of the receipt up to 12<sup>th</sup> floor.

Questions may be sent to Mike McClure at [MichaelM@health.ok.gov](mailto:MichaelM@health.ok.gov) or 405-271-5243.



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**PROTECTIVE**  
**HEALTH**  
**SERVICES**

Oklahoma State Department of Health  
Consumer Protection  
1000 NE 10<sup>th</sup> St  
Oklahoma City, OK 73117-1299  
Telephone: (405) 271-5243  
FAX: (405) 271-3458

## PUBLIC BATHING PLACE Permit Application to Construct (Appendix A)

**A. GENERAL INFORMATION:** This application must be submitted for each separate public bathing pool/spa/etc. to obtain a permit for any new construction, addition, modification or extension of a public bathing place.

The applicant, \_\_\_\_\_, proposes the construction of:

(applicant name – owner of property, not the construction entity)

\_\_\_\_\_ to serve

(briefly list all major construction items: pool, wading pool, complex, spa, etc.)

\_\_\_\_\_ located at \_\_\_\_\_.

(subdivision, property name, name of pool area, etc.)

(physical street address)

\_\_\_\_\_ (city/town)

\_\_\_\_\_ (zip)

\_\_\_\_\_ (county)

and as required by the Oklahoma Public Health Code, Title 63 § 1-1013 et seq., hereby makes application for approval of the accompanying plans and specifications and for a permit to construct the facilities in accordance with the same plans and specifications.

**B. CERTIFICATION:** In making this application, the applicant certifies and states the following:

1. The applicant has access to all rules and standards promulgated by the Oklahoma State Board of Health for construction and operation of the facility in question.
2. To the best of the knowledge and belief of the applicant, the plans, specifications and engineering report comply with the requirements of the aforementioned rules and standards.
3. The applicant agrees to be responsible for the construction and operation of the facility in accordance with the aforementioned rules and standards, and in accordance with state law, agrees that the Oklahoma State Department of Health shall have access to the facility at any time during and after construction for the purpose of inspection for compliance with the provisions of the Public Health Code Title 63 § 1-101 et. seq.
4. The applicant intends to own and operate the facility after construction is completed:  Yes  No: If "No," the responsible party for operation will be: \_\_\_\_\_  

Name of Operating Facility

Contact Phone#
5. The applicant is the holder of or will obtain a deed or easement to the land upon which construction is planned:  
 Yes  No: If "No," explain: \_\_\_\_\_
6. The applicant is the entity receiving, transporting or treating the wastewater generated by the facility:  Yes  No:  
If "No," the receiving, transporting or treating entity is: \_\_\_\_\_
7. All local zoning and other ordinance of public agencies having jurisdiction concerning the construction of the proposed improvement have been satisfied:  Yes  No: If "No," explain: \_\_\_\_\_

**C. SIGNATURE:** Application must be signed by the authorized chief elective or executive officer of the applicant, or by the applicant himself in a sole proprietorship. Please PRINT.

\_\_\_\_\_  
Name of Authorized Signature / Owner

\_\_\_\_\_  
Title of Authorized Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Organization Name (if different from applicant)

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Please retain a copy of all completed forms for your records.)



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**PUBLIC BATHING PLACE  
Summary Engineering Report (Appendix B)**

(NOTE: Compliance with Public Bathing Place Facility Standards and Public Bathing Place Regulations Criteria is required respecting all features not included here.)

A. General

- Physical location of public bathing place (P.O. Box or Rural Route is not acceptable):  
\_\_\_\_\_
- Type of Public Bathing Facility:  Pool  Raft Ride  Spa  Wading Pool  Water Slide  
 Other (please describe): \_\_\_\_\_
- Water area: # \_\_\_\_\_ ft<sup>2</sup>
- Perimeter: # \_\_\_\_\_ ft
- Volume: # \_\_\_\_\_ gallons
- Shallow water area ("above" lifeline): # \_\_\_\_\_ ft<sup>2</sup>
- Deep water area ("below" lifeline): # \_\_\_\_\_ ft<sup>2</sup> and # \_\_\_\_\_ persons capacity
- Diving boards: # of \_\_\_\_\_ and height(s): # \_\_\_\_\_
- Bottom slopes - shallow area: # \_\_\_\_\_ and transition: # \_\_\_\_\_

B. Water Supply and Wastewater

- Water source: \_\_\_\_\_  
a. Two diameters or six (6) inches air gap at fill spout:  Yes  No
- Backwater discharges to: \_\_\_\_\_  
a. With indirect connection:  Yes  No
- Walkways drain to: \_\_\_\_\_ at slope of: \_\_\_\_\_ (1/4 inch per foot minimum)

C. Recirculation and Filter System

- Minimum turnover rate required by standards: \_\_\_\_\_ gpm
- Number of skimmers: \_\_\_\_\_ at 30 gpm = \_\_\_\_\_ gpm
- Design flow rate: \_\_\_\_\_ gpm
- Main drain flow (at least 30% of total flow): \_\_\_\_\_ gpm
- Filter type:  Sand  DE  Cartridge  Other: \_\_\_\_\_
- Minimum filter area required: # \_\_\_\_\_ ft<sup>2</sup>
- Design filter area: # \_\_\_\_\_ ft<sup>2</sup>
- Maximum filter flux density: # \_\_\_\_\_ gpm/ft<sup>2</sup> (= design flow rate ÷ design filter area)
- Head loss in suction piping is no greater than 6 ft/1000 ft:  Yes  No
- Head loss discharge (pressure) piping is no greater than 12 ft/100 ft:  Yes  No
- Maximum TDH, dirty filter: # \_\_\_\_\_ ft
- Pump capacity at maximum TDH: \_\_\_\_\_ gpm
- Number of inlets: # \_\_\_\_\_ at depth(s) of: # \_\_\_\_\_

(Please retain a copy of all completed forms for your records.)

C. Recirculation and Filter System - continued

- 14. Antivortex cover or complying suction openings specified:  Yes  No
- 15. Flow meter specified:  Yes  No
- 16. Filter influent and effluent pressure gauges specified:  Yes  No
- 17. Compound or vacuum gauge specified between pump and hair/lint strainer:  Yes  No
- 18. Extra hair/lint basket specified:  Yes  No
- 19. Bathhouse complies with Standards Sections 310:315-7-7 and 310:315-7-8 (only if pool is open to the General Public):  Yes  No
- 20. Each skimmer and main drain are valved separately:  Yes  No

D. Miscellaneous

- 1. Two-inch diameter equalizer line specified at skimmers:  Yes  No
- 2. Skimmers listed as approved by NSF:  Yes  No
- 3. Filters listed as approved by NSF:  Yes  No
- 4. Chlorinator or brominator listed as approved by NSF:  Yes  No
- 5. Two thermometers specified (if heater is used):  Yes  No
- 6. All parts of facility served by 50 foot (maximum) hoses, from hose bibs with backflow preventers:  
 Yes  No
- 7. Valves and piping tagged or color coded:  Yes  No
- 8. Depth markers specified: Pool Wall =  Yes  No Deck =  Yes  No
- 9. Life line specified at change in bottom slope:  Yes  No
- 10. If spa, "jet" or "therapy" system is independent from filter/recirculation system, other than at spa plenum:  
 Yes  No
- 11. Local ordinances and permit proposed backwash discharge:  Yes  No
- 12. Operating instructions specified:  Yes  No
- 13. Enclosure complies with Standards Section 310:315-7-2:  Yes  No
- 14. Any entry to pool is through self-closing, self-latching gate or door:  Yes  No
- 15. Lighting and electrical wiring are specified in accordance with Standards Sections 310:315-7-18 and 310:315-7-19:  Yes  No
- 16. Safety equipment and provisions are specified in accordance with Regulations Sections 310:320-3-1 and 310:320-3-4:  Yes  No
- 17. Provisions for handicapped are specified (only if pool is open to the General Public):  Yes  No
- 18. Bathhouse complies with Standards Sections 310:315-7-7 and 310:315-7-8 (if pool is open to General Public):  Yes  No

**Any items answered "No" require an explanation. Add additional pages as necessary.**

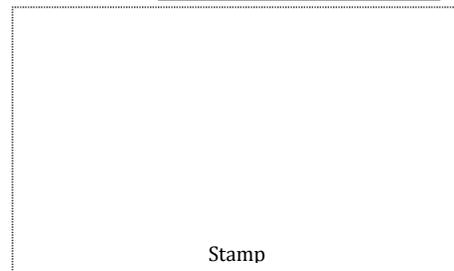
Engineer's Name: \_\_\_\_\_ PE License #: \_\_\_\_\_

Engineer's Primary Phone: \_\_\_\_\_ PE Lic #: \_\_\_\_\_

Engineer's Email: \_\_\_\_\_

Engineer's Signature: \_\_\_\_\_

(Please retain a copy of all completed forms for your records.)





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**PUBLIC BATHING PLACE  
Affidavit of Responsibility (Appendix C)**

This affirms that \_\_\_\_\_ will be responsible for  
(Name of operating facility)

operating, maintaining and controlling use of the bathing facility located at:

\_\_\_\_\_, in accordance with the  
(physical address/finding location of public bathing place)

Oklahoma Public Bathing Place Interpretive Code.

\_\_\_\_\_  
Name of Authorized Designee for Operating Facility

\_\_\_\_\_  
Title of Authorized Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Organization Name (if different from applicant)

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

Seal

My Commission expires \_\_\_\_\_

(Please retain a copy of all completed forms for your records.)



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# PUBLIC BATHING PLACES

## Permit Fee Schedule – Appendix D

Send fee with all application documents (Appendices A-D), to:

**MAIL: Oklahoma State Department of Health**  
**Attn: CPD – Public Bathing Place Program**  
**1000 NE 10<sup>th</sup> St**  
**Oklahoma City, OK 73126-8815**

**HAND Delivery: Oklahoma State Department of Health**  
**Attn: CPD – Public Bathing Place Program**  
**1000 NE 10<sup>th</sup> St**  
**Cashier Windows – pay on 1<sup>st</sup> Floor**

Applicant Name: \_\_\_\_\_

Physical Address of Public Bathing Place: \_\_\_\_\_

Please select the correct public bathing place type from the tables below and complete the volume\* rounded to the nearest gallon identified. (Examples: if New Spa is 723 gallons then enter 700; if Pool Modification is 22,803 gallons then enter 25000)

Pool Permit Fees				
Pool Type	*Volume (Round to nearest 5,000 gallons)	Initial Fee <sup>+</sup> Calculation <small>New=\$100 per 5,000 gal Mod=\$50 per 5,000 gal</small>	Minimum Permit Fee <sup>+</sup>	Enter Actual Fee Due (enter the <sup>+</sup> greater fee noted to the left; not to exceed \$2,000)
<input type="checkbox"/> New Pool			\$500	
<input type="checkbox"/> Modification to Existing Pool			\$250	

Spa Permit Fees				
Spa Type	*Volume (Round to nearest 100 gallons)	Initial Fee <sup>+</sup> Calculation <small>New=\$50 per 100 gal Mod=\$25 per 100 gal</small>	Minimum Permit Fee <sup>+</sup>	Enter Actual Fee Due (enter the <sup>+</sup> greater fee noted to the left; not to exceed \$2,000)
<input type="checkbox"/> New Spa			250	
<input type="checkbox"/> Modification to Existing Spa			125	

-----Please include this page with your payment-----

### 310:250-3-6. Public Bathing Places

(a) The following are license classifications and associated fees for Public Bathing Places:

(1) Type 82 Class I "Indoor Facility"

(A) Public Bathing Places License Fee - \$50.00

(B) Public Bathing Places Re-inspection Fee - \$250.00

(2) Type 82 Class O "Outdoor Facility"

(A) Public Bathing Places License Fee - \$50.00

(B) Public Bathing Places Re-inspection Fee - \$250.00

(b) Each filter system for a construction project shall require a separate permit. One project may contain several construction items and require more than one permit. The maximum fee for each public bathing place construction permit will be \$2000.00

(1) New Construction

(A) Pool - Rounded to the nearest 5000 gallons volume - \$100.00 per 5000 gallons (minimum \$500.00 fee)

(B) Spray Pool - Rounded to the nearest 5000 gallons volume - \$100.00 per 5000 gallons (minimum \$500.00 fee)

(C) Spas - Rounded to nearest 100 gallons volume - \$50.00 per 100 gallons (minimum \$250.00 fee)

(2) Modification to Existing Permit

(A) Pool - Rounded to the nearest 5000 gallons volume - \$50.00 per 5000 gallons (minimum \$250.00 fee)

(B) Spray Pool - Rounded to the nearest 5000 gallons volume - \$50.00 per 5000 gallons (minimum \$250.00 fee)

(C) Spas - Rounded to the Nearest 100 gallons volume - \$25.00 per 100 gallons (minimum \$125.00 fee)

NOTE: The Department does not permit or license spray pools.