

STATE OF MAINE HEALTH INSPECTION PROGRAM LICENSE APPLICATION FOR **Public Pools/Spas**

Applicant Information

Business Name _____

Physical Work Location, E-911 Address: _____ Town/City, Zip Code: _____

Contact Phone # _____ Contact Fax# _____

Mailing Address; Town/City, Zip Code: _____

Contact Person's Name: _____ E-mail Address (Print): _____

Certified Pool Operator (CPO) Certificate: _____

THERE IS A 30 DAY REVIEW PERIOD AFTER RECEIPT OF A COMPLETED APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED AND WILL BE RETURNED FOR COMPLETION. IT'S ILLEGAL TO OPERATE UNTIL AN INSPECTION IS PERFORMED AND A LICENSE IS ISSUED.

1. Licensing Information:

This business (check one):

- is new and has never been licensed.
- is presently was previously licensed by the Health Inspection Program (HIP). If so, provide HIP License ESTID# _____

2. Business Information:

Please check one: Corporation/LLC Individual Partnership Association Other

Corporation/LLC, Individual, Partnership, Association or Other Name: _____

Owner(s) Name: _____

Owner(s) Mailing Address: _____

My business corporation is in good standing with the Secretary of State and all State Licensing Boards. Yes No

3. Former Owner's Information, if applicable:

Former Owner's Name: _____ Former Business Name: _____

4. Business Proposal:

Check all boxes that apply: Are you proposing to change ownership increase use

5. Wastewater Disposal.

Is wastewater disposed to an on-site wastewater disposal system, either proposed or existing? Yes No

If yes, you must complete the attached "Onsite Wastewater Disposal System – Local Review and Verification Form" (Appendix C) and have your Local Plumbing Inspector verify compliance with the Maine Subsurface Wastewater Disposal Rules, 10-144 CMR 241 (the Rules). Municipal records for your property should include copies of wastewater disposal system designs completed to date. If the municipality cannot locate a copy of the design(s) please contact the Department at 207-287- 7690 to request a search of the State database of disposal system records.

Demonstration of adequate wastewater disposal system capacity for the use proposed is required prior to licensure by the Health Inspection Program.

Please visit our website for more information regarding wastewater disposal systems at www.mainepublichealth.gov/septic-systems or call us at 207-287-5689 if you have any questions.

If no, please provide the name of the city, town or utility district to which you pay your sewer bill, or a copy of an overboard discharge license issued by the Maine Department of Environmental Protection.

Public Sewer Entity: _____

Before any pool water is disposed of in a public sewer system, the operator must obtain permission from the receiving public sewer system. Before any pool water is disposed of on any surface or into any body of water, the operator must obtain permission from the Department of Environmental Protection (DEP).

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION

Newly constructed, reconstructed, altered pools and spas or those pools and spas that have been unlicensed within the past 5 years: You must include:

- Registration Form (page 4)
- Appendix C, (page 7), must be submitted for pools with an on-site wastewater disposal system.
- Electronic plan(s) of the pool showing depths, area, piping, and safety features, demonstrating compliance with the National Spa and Pool Institute’s Minimum Standards for Public Swimming Pools.
- Electronic plans and manufacturer’s specifications for pumps, filtering, and sanitizing equipment including all interconnecting piping and control valves.
- Appendix D (Page 8) must be completed, signed, and stamped by a Maine Licensed Professional Engineer (P.E.).

Within 15 Days of Planned Operation:

Receive a pre-operational inspection in order for the Department to conduct a timely review of the inspection findings and approve the pool or spa for licensure.

All other pools and spas that are not newly constructed, reconstructed, or altered: Please complete only pages 1, 2, 3 and 7 (for pools with an on-site wastewater disposal system) of this application and submit with the license fee payment to our office.

Please enter the number of pools you have below and submit the appropriate fee payment with a copy of your valid Certified Pool Operator Certificate (see Appendix A for courses).

Number of Pools Inside _____ Number of Pools Outside _____
 Number of Spas Inside _____ Number of Spas Outside _____

License Fee Total \$ _____

PUBLIC POOLS/SPAS	FEE
First Pool or Spa	\$70.00
Additional Pools or Spas	\$35.00 each
MISCELLANEOUS FEES	
Reprint License	\$25.00
Late Renewal within 30 days of license expiration date	\$25.00
Late Renewal more than 30 days after expiration date	\$100.00 for 1st offense + \$25.00 for first 30 days
Additional Inspection	\$100.00
Insufficient Funds	\$25.00
Nonprofit – No license required if fewer than 12 events/year	\$0.00

I, _____, Owner/Operator of the business, **hereby state that the**

PLEASE PRINT NAME CLEARLY

Information in this application is accurate to the best of my knowledge. I further stipulate that I am aware that deliberate falsification of the information herein is sufficient cause for denial of a license for public pool or spa operation. The Department's discovery of deliberate falsification of information on this application after a license is issued may subject to penalties, fines and other sanctions as authorized by licensing statutes and rules, as well as any other penalties, fines and sanctions provided by law.

Applicant's Signature _____ Date of Signature _____

Make check payable to: Treasurer, State of Maine, and mail to:

**HEALTH INSPECTION PROGRAM
286 WATER ST 3RD FL
AUGUSTA, ME 04333**

REGISTRATION FORM FOR NEW PUBLIC SWIMMING POOL AND SPA

1. Owner/Operator of Pool: _____
2. Establishment: _____
3. Location of Pool/Spa: Indoor { } Outdoor { }
4. Capacity in Gallons: _____
5. Dimensions for **In-Ground Pool**: Length: _____ FT. Width: _____ FT. Surface Area: _____ FT²
Greatest Depth: _____ FT. Minimum Depth: _____ FT. Maximum Bottom Slope: _____ %
Dimensions for **Above Ground Pool**: Round: Depth: _____ FT. Diameter: _____ FT.
Greatest Depth: _____ FT. Minimum Depth: _____ FT.
Maximum Bottom Slope: _____ % Square or Rectangular: Length _____ FT.
Width _____ FT. Surface Area: _____ FT² Greatest Depth: _____ FT.
Minimum Depth: _____ FT. Maximum Bottom Slope: _____ %
6. Dimensions for **Spa**: Depth: _____ FT. Diameter: _____ FT.
7. Recirculation Pump Capacity: _____ GPM
8. Turnover Rate in Hours: _____ HRS.
9. Type of Filter (Check One) Sand Filter { } High Rate Sand Filter { } Diatomaceous Earth { } Cartridge Filter { } Other, Specify: _____
Loading rate: Recirculation Rate _____ GPM/SQ. FT. Filter Area _____ SQ. FT.
10. Method of Filter Backwash Disposal: _____
If other than public sewer, submit Appendix C.
11. Diameter of Recirculation Piping: _____ (inches)
12. Number of Skimmers: _____
13. Size of Gutter: _____ (REQUIRED IF POOL SURFACE AREA IS GREATER THAN 1600 SQ FT.)
14. Height of Board (if any): _____ Depth of water 12 feet beyond end of board: _____

REQUIRED DEPTH FOR DIVING BOARD OR PLATFORM: 8'-6" FOR 2' BOARD HEIGHT OR LESS; 10'-0" FOR 1 M. BOARD HEIGHT OR LESS.

15. Purification equipment: _____
16. Amount of chemicals used per day, in pounds
Chlorine: _____ Alum: _____
Soda Ash: _____ Other: _____
17. Fresh Water Supply Source: _____
18. Average Bathing Load per day: _____
Number of Showers: _____ Location: _____
Number of Toilets: _____ Urinals: _____ Location: _____

- This newly constructed, reconstructed or altered pool or existing pool without previous record of registration or unlicensed within the past 5 years, meets relevant ANSI standards specified in *Maine's Rules Relating to Public Swimming Pools and Spas* (10-144 CMR, Chapter 202), and was approved by a Maine-licensed P.E., [Include completed Appendix D of this application]
- This commercially available SPA/Hot Tub includes certification from the manufacturer or supplier that it meets the minimum standards for public spa design and operation set forth by the American National Standard for Public Spas (ANSI/NSPI-2 1999), as amended. (Please provide certification) If certification to ANSI/NSP-2 1999 cannot be provided by the manufacturer or supplier, the applicant must hire a licensed Maine P.E. to review the design and provide a completed Appendix D of this application for each spa being registered.

Appendix A

Approved Certified Pool Operator (CPO) courses

Pool and Hot Tub Alliance

<https://www.phta.org/>

Pool Operation Management

68 Edwards Road

Brick, NJ 08723

Phone: 732-451-1040

Toll Free: 800-922-0530

E-mail : POM4INFO@aol.com, info@pooloperationmanagement.com

Website: www.pooloperationmanagement.com

Nationwide Aquatic Consulting

Robert Freligh

P.O. Box 695

Chestertown, NY 12817

E-mail: nac4h2o@aol.com

Phone: 888-833-5770

Fax: 781-581-3594

Website: www.nac4h2o.com

Pool and Spa RX

Bob Richards

Email: poolandsparx@gmail.com

Phone: 518-899-1117

Website: <http://poolandsparx.com/>

Clear Advantage LLC

Edward Price

P.O. Box 176

Cornish ME 04020

Email: ed@clearadvantage.me

Phone: 207-232-2891

Appendix B

STATE OF MAINE RULES RELATING TO PUBLIC POOLS AND SPAS CHAPTER 202 EXCERPT

SECTION 2. REGISTRATION, PLANS AND CONSTRUCTION

A. Registration

1. No city, town, village, plantation, institution, school, civic club, organization, person, firm or corporation, may operate or maintain any public pool or spa without first having registered the same with the Department. Forms for this purpose are available from the Department.
2. Any residential pool or spa located on the premises of a lodging establishment licensed by the Department and not intended for the use of the facility guests or clients must be clearly posted as not available for public use.

B. Approval of Plans

1. No city, town, village, planation, institution, school, civic club, organization, persons, firm or corporation may construct any public pool or spa, or make changes in any already built or in the appurtenances thereof, until the plans have been submitted to, and approval received from the Department. Applicable standards for all new and modified public pools and spas are listed in Sections 2(B)(2) through 2(B)(6). Copies of the standards are available for inspection at the Department offices during normal business hours.
2. Minimum standards for in-ground public pool design and operations (Class A, B, C, and F) are those set forth by the American National Standards for Public Swimming Pools (ANNSI/NSPI-1 2003) as amended.
3. Minimum standards for above-ground or on-ground public pool design and operations (Class C*) are those set forth by the American National Standard for Aboveground/ On-ground Residential Swimming Pools (ANSI/NSPI-4 1999), as amended.
4. Minimum standards for public spa design and operation are those set for by the American National Standard for Public Spas (ANSI/NSPI-2 1999), as amended.
5. Minimum standards for all Class D pool design and operation are those set forth by the American National Standard for Aquatic Recreation Facilities (ANSI/IAF-9 2005) as amended.
6. All Class A, B, C, and F public pools and all public spas, must comply with the specifications in Section 6(E), Entrapment prevention for Public pools/spa.

*Per the Public Pool/Spa Rules, class C pools include pools intended for use by paid guests and patrons of licensed lodging establishments and clints of childcare facilities.

**Appendix C Pool/Spa
Onsite Wastewater Disposal System - Local Review and Verification Form**

This form is to be used by Health Inspection Program public pool/spa license applicants to demonstrate that their facility has adequate **wastewater disposal** system capacity for the use proposed. This form must be presented to the Local Plumbing Inspector of the municipality where the facility is located for review and approval of wastewater disposal system capacity.

Please include this completed form with your license application.

To be completed by the Owner/Applicant for all pools

Date: _____

Facility Name: _____

Facility Physical Address: _____

Facility: [] Owner [] Operator: _____

Telephone: _____ E-Mail _____

Mailing Address if different from address above: _____

Please have the Local Plumbing Inspector at your town office verify that he/she has reviewed your proposal and has determined that: **A) the existing wastewater disposal system has the capacity required for your proposal Public Pool or Spa Water Disposal. B) Backwash Disposal 1. Backwash may be discharged in an approved subsurface wastewater disposal system sized, designed and installed in conformance with the Maine Subsurface Waste-water Disposal Rules, 10-144 CMR, Chapter 241. 2. Backwash water must enter the approved disposal system through an air gap that is at least 1.5 times the backwash pipediameter, or other LPI or Department-approved method to prevent backflow. Uses that increase wastewater disposal system design flows by more than 25%, including prior unapproved increases, must be installed at the time of expansion or change of ownership as required in Section 9 of the Maine Subsurface Wastewater Disposal Rules.**

To be completed by the Local Plumbing Inspector:

MANDATORY: LPI please write in number of indoor/outdoor public pools/spas

_____ POOLS IN _____ POOLS OUT _____ SPAS IN _____ SPAS OUT

(To request a record search for difficult to find permits please visit www.mainepublichealth.gov/septic-systems)

I, _____, the undersigned, have reviewed the proposal for the subject property and find that the property is either served by an existing wastewater disposal system that meets the design requirements for the proposed use or the applicant has submitted an application for an expanded system design (and installation if required by the Expansion section of the Rules) that meets the design requirements of the Rules and any relevant local ordinances for the proposed use.

LPI Signature _____ Date _____

LPI Printed Name _____

APPENDIX D

MAINE PUBLIC POOL/SPA

Plan and Specification Approval by Maine Professional Engineer

Public Pool/Spa Facility Name: _____

Public Pool/Spa Address: _____

Maine Professional Engineer Name: _____

Maine Professional Engineer Contact Information: _____

As a currently licensed Maine Professional Engineer in good standing (32 MRS Chapter 19, Subch. 3), I confirm that I received a copy of the appropriate New Public Pool or Spa Checklist from the State of Maine CDC Health Inspection Program.

I attest that I have reviewed the above-named public pool or spa designs and determined that such plans and specifications meet the applicable minimum standard for this public pool or spa, published by the American National Standards Institute (ANSI) and the National Pool and Spa Institute (NSPI) and required by the *Rules Relating to Public Pools and Spas* (10-144 CMR Chapter 202, Section 2(B)) and Maine Public Law *An Act to...Change Requirements for the Approval of Public Pool and Spa Plans* (PL 2023, ch. 113, § 2).

Maine Professional Engineer Seal

Date: _____

Signature: _____