

**Department of Public Health**

Dottie-Kay Bowersox, MSA  
Public Health Administrator  
730 Washington Avenue  
Racine, Wisconsin 53403  
262-636-9201  
262-636-9165 FAX



Website: [www.cityofracine.org/Health](http://www.cityofracine.org/Health)  
Email: [publichealth@cityofracine.org](mailto:publichealth@cityofracine.org)

**Environmental Health Division**  
262-636-9203  
**Community Health Division**  
262-636-9431  
**Laboratory Division**  
262-636-9571

## Application for Public Pool and Water Attractions Permit – Supplemental Questions

Pursuant to Municipal Code 22

**1. Will Your Pool Have a Water Attraction?** ☐ Yes ☐ No

**Water attraction** means a pool with design and operational features that provide a patron recreational activity other than conventional swimming that involves partial or total immersion of the body, including an activity pool, interactive play attraction, leisure river, plunge pool, vortex pool, vanishing edge pool, waterslide, run-out slide, drop slide, pool slide, wave pool, zero-depth entry pool, and any public pool with features except wading pools.

**2. Do You Have a Certified Pool Operator?** ☐ Yes ☐ No

**Certified Pool Operator** means an operator who is certified by successful completion of the Pool and Hot Tub Alliance certified pool operator course OR the National Recreation and Park association aquatic facility operator course.

If yes, provide:

|                           |  |
|---------------------------|--|
| <b>Name</b>               |  |
| <b>License #</b>          |  |
| <b>License Expiration</b> |  |
| <b>Company</b>            |  |

**3. Are You Aware of the Virginia Graeme Baker Pool and Spa Safety Act (VGBA) and Requirements?** ☐ Yes ☐ No

**The VGB Act** requires that drain covers must comply with entrapment protection requirements specified by the joint American Society of Mechanical Engineers (ASME) and American National Standards Institute (ANSI). Supporting documentation must be provided.

**4. Anticipated Opening Date:** \_\_\_\_\_**5. Proposed Months of Operation:**

| Month    | Open/Closed | Month     | Open/Closed |
|----------|-------------|-----------|-------------|
| January  |             | July      |             |
| February |             | August    |             |
| March    |             | September |             |
| April    |             | October   |             |
| May      |             | November  |             |
| June     |             | December  |             |

**6. Proposed Hours of Operation (Include A.M. or P.M.):**

| Day of the Week | Open | Close |
|-----------------|------|-------|
| Monday          |      |       |
| Tuesday         |      |       |
| Wednesday       |      |       |
| Thursday        |      |       |
| Friday          |      |       |
| Saturday        |      |       |
| Sunday          |      |       |