



Division of Environmental Health  
 445 Winn Way, Suite 320  
 Decatur, GA, 30030  
 Phone: 404-508-7900  
 Fax: 404-508-7979  
 dekalbpublichealth.com

## RESIDENTIAL SWIMMING POOL AGREEMENT & REQUIREMENTS FORM

I understand that the approval granted to me by the DeKalb Public Health for the installation of a *private residential swimming pool* is based upon the following requirements:

1. The construction of a five foot (5') barrier with no hand-holds or foot-holds, a self-closing/self-latching gate which encloses the pool area and that meets minimum County requirements, must be installed immediately upon completion of the swimming pool installation.
2. The DeKalb Public Health shall be notified to schedule an inspection within two (2) weeks of the swimming pool barrier completion. To schedule the inspection, call the Division of Environmental Health: 404-508-7900
3. The barrier and gate(s) must be maintained throughout the lifetime of the pool.
4. Any pool that is closed, not open, not in use or operation, or a seasonal pool that is closed until the next swim season, shall be maintained in a sanitary condition. If the owner has permanently ceased using the pool, he/she shall create an opening through the shell of the bottom of the pool for draining, and fill the entire pool with clean earth. *Neither an abandoned pool, nor any pool not in use, shall be allowed to create a nuisance under law.*
5. If the residential swimming pool is constructed on a property served by an on-site sewage management system (septic tank and drain field), the owner is responsible to ensure that the installation of the swimming pool will not cause damage to the existing on-site sewage management system, and there will be enough room for a replacement area, if the system fails. If damage does occur to the system, the property owner will be required to repair or replace the system according to DeKalb Public Health requirements.

Property Address: \_\_\_\_\_  
(Street) (City) (Zip code)

Property Owner: \_\_\_\_\_  
(Signature) (Printed Name) (Date)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor Name & Business Address: \_\_\_\_\_  
 \_\_\_\_\_

Contractor Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Approval Granted: \_\_\_\_\_ Date: \_\_\_\_\_

Barrier Follow-up Inspection Completed By: \_\_\_\_\_ Date: \_\_\_\_\_