

2024 SEASONAL SWIMMING POOL OPENING GUIDE

A 2024 permit is required for ALL seasonal pools before opening to the public.

1. Complete an application for each pool. A fee of \$220 for each seasonal permit is due at the time of submission; check payable "County of Loudoun."
2. Complete all items on the pre-opening self-inspection guide, then schedule an inspection with the assigned EHS.
3. All seasonal pools must successfully pass a pre-opening inspection to obtain a permit. If any item listed on the pool operator's self-inspection guide is out of compliance during the pre-opening inspection, the permit will not be issued, and a reinspection will be required.
4. Inspections and reinspections may be scheduled for the following business day or for a future date but may not be scheduled for weekends or county holidays. The cut-off time for scheduling/requesting inspections and reinspections for the following business day is 12 midnight. Reinspections due to failure to pass a pre-opening inspection or permit suspension will be scheduled for the next business day.

To avoid last-minute delays, plan to have your seasonal pool(s) cleaned, equipped, repaired, and inspected at least two weeks prior to the proposed opening. Each year facilities miss their deadlines and are not opened at the start of the summer. Let's beat the rush!

For more information see: www.loudoun.gov/pools

"Water Recreation Facility Operating Guidelines"

"Approved Certified Pool Operator Courses"

"Loudoun County Swimming Pool Regulations"

2024 Loudoun County Seasonal Interactive Water Feature Pre-Opening Self-Inspection Guide

- 1 _____ All nozzles and lenses present, properly seated, & in good condition .14
- 2 _____ Deck, grout, & caulk in good repair & clean .14
- 3 _____ All drain cover(s) are place & unbroken .14
- 4 _____ Above ground features & bollards are present & in good condition .14
- 5 _____ Approved test kit present & in good condition .63

Hybrid water testing & record keeping option. □

Electronic monitoring and recording of chlorine/ORP and pH functional. Log book accommodates recording of total chlorine daily; flow & pressure twice daily; TA, CH, CYA (if used) weekly. Backwashing/filter cleaning, chemicals hand fed documented .53

Manual water testing & record keeping option. □

Log book accommodates recording of chlorine residual & pH every 2 hours; total cl daily; flow & pressure twice daily; TA, CH, CYA (if used) weekly.

- 6 _____ Backwashing/filter cleaning, chemicals hand fed documented .53
- 7 _____ Permanent, legible placard is posted in the filter room .54 (d)
- 8 _____ Recirculation system meets required minimum one hour turnover .107
- 9 _____ Flow meter is operating properly, legible, & in good condition .35 (b)
- 10 _____ Chlorinator installed & operating correctly .45
- 11 _____ Shielded filter room lights are working .34 (d)
- 12 _____ Gloves, goggles, & apron for safe handling of chemicals provided .59 (b)(4)
- 13 _____ Extra set of cartridge filters .35

Owners and Pool Management Companies are responsible for operating, maintaining and managing in accordance with the requirements of the Loudoun County Pool Ordinance.
www.loudoun.gov/pools

2024 Loudoun County Seasonal Pool Pre-Opening Self-Inspection Guide

- 1 _____ Main drain cover(s) in place & unbroken .38 (b)
- 2 _____ Water at correct operating level .52, .86
Skimmers are functional with all lids, weirs, & baskets present & in good
3 _____ condition .14
- 4 _____ Handrails, diving boards, slides, & guard stands are secure .14
- 5 _____ All vacuum port covers present .59 (b)(5)
- 6 _____ Horizontal & vertical depth markings are readable every 20' .44(d)
- 7 _____ Floating life line in good condition, floats at 5' intervals .44 (g)
- 8 _____ Pool rules are posted in a location visible from deck .54 (c)
Board for water quality test results is in view of public, board in good
9 _____ condition, parameters on board .54 (a)
- 10 _____ Emergency access lane is clear & unobstructed, gate is functional .24
- 11 _____ Perimeter fence is in good condition .46
- 12 _____ Wading pool gates are self-closing & self-latching .49 (b)
- 13 _____ Foot shower(s) at grassy areas are functional .46
Hardwired phone or emergency call box functional; placard with facility name
14 _____ & address is posted .44 (c)
Pool safety & rescue equipment present & in good repair: cot, two blankets,
first aid kit, a rescue tube per lifeguard, ring buoy with line attached,
15 _____ backboard with straps, 12' nontelescopic pole with body hook attached .59
Spa safety & rescue equipment present & in good repair: first aid kit,
16 _____ backboard with straps, working clock .93
- 17 _____ Permanent, legible placard is posted in the filter room .54 (d)
- 18 _____ Recirculation system meets required minimum turnover .33 (b), .79 (b), .107
- 19 _____ Flow meter is operating properly, legible, & in good condition .35 (b)
- 20 _____ Chlorinator installed & operating correctly .45
- 21 _____ Gloves, goggles, & apron for safe handling of chemicals provided .59 (b)(4)
- 22 _____ Two working lights that are shielded in filter room .34 (d)
- 23 _____ Minimum of 1 functional water fountain .48, .77
- 24 _____ Hygiene facilities functional with hot & cold running water .116, .117, & .118

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www.loudoun.gov/pools



Loudoun County Health Department

Mail to : P.O. Box 7000 MSC #68
Leesburg, VA 20177-7000

Location: 1 Harrison St. SE
Leesburg, VA 20177
(703) 777 - 0234
www.loudoun.gov/pools

Swimming Pool Permit Application

Pool Name : _____		Year Round <input type="checkbox"/>	Seasonal <input type="checkbox"/>
Physical Address: _____		Open date From: _____	To: _____
City: _____		Zip: _____	
Pool Phone: _____ or Emergency Call Box <input type="checkbox"/>			
Type (check all that apply): <input type="checkbox"/> Main <input type="checkbox"/> Wading <input type="checkbox"/> Spa <input type="checkbox"/> IWF (Splash pad, fountain) <input type="checkbox"/> Lap/Competition			
Name of Subdivision or Community Association if applicable: _____			

Legal Owner: _____			
Address: _____		City: _____	State: _____ Zip: _____
Contact Name: _____		Phone: _____	Email: _____
Property Manager/HOA: _____		Email: _____	
Billing Address: _____		City: _____	State: _____ Zip: _____
Onsite contact: _____		Phone: _____	Email: _____

Pool Management Company: _____		Phone: _____
Address: _____		City: _____ State: _____ Zip: _____
Onsite Supervisor: _____		Cell Phone: _____ Email: _____
Name of Loudoun County approved CPO Course: _____		
<input type="checkbox"/> CPO training course is currently listed as approved by Loudoun County www.loudoun.gov/pools		

Hours of Operation

Regular Season:	Mon	Tues	Wed	Thurs	Fri	Sat	Sunday
Open							
Close							
School Hours:							
Open							
Close							

FEES

Seasonal \$220

Year Round \$330

*Make checks payable to
County of Loudoun

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Legal Owner Name: _____ Signature: _____

Title: _____ Date: _____