



Division of Environmental Health  
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## Aquatic Facility Worksheet

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

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

**The following MUST accompany this application:** *(incomplete plans will not be accepted)*

1. One complete set of hard copy plans showing the layout, equipment room, bathhouse, and showing the side view of the aquatic facility.
2. Specification (cut) sheets on the following equipment: pump, filter, heater, disinfecting device, chemical feeders, flow meter, skimmers, water features, slides, and other important equipment. **All equipment shall be NSF approved.**
3. Fee: **New Pool or other Aquatic Facility - \$380.00 New Spa - \$250.00 Remodel - \$125.00**
4. Certified Pool Operator Certificate for this aquatic facility.

Is this Aquatic Facility:

- General Use – open to any person who wishes to use it.
- Limited Use – use limited to residents, hotel guests, fitness members, etc.

Aquatic Facility Type (Pool, Spa, Spray Park, Etc.): \_\_\_\_\_

Is this Aquatic Facility:     Indoor     Outdoor

Water Source: \_\_\_\_\_ Wastewater Disposal: \_\_\_\_\_

Backflow Prevention Method: \_\_\_\_\_

Surface Area: \_\_\_\_\_ Sq. Ft.

Volume: \_\_\_\_\_ Gallons

Length: \_\_\_\_\_ Ft.

Width: \_\_\_\_\_

Depth: \_\_\_\_\_ *(shallow end)* \_\_\_\_\_ *(deep end)*

Filtration Rate: \_\_\_\_\_ gpm

Turnover Rate: \_\_\_\_\_ Min. / Hr.

Aquatic Facility Structure:     Poured Concrete     Gunite     Fiberglass     Other \_\_\_\_\_

**Deck:**

Deck Finish Type: \_\_\_\_\_ Slope to drain ( 1/4 inch per min.) \_\_\_\_\_  
Deck Width:  (4' min. for limited use) \_\_\_\_\_  (8' min. for general use) \_\_\_\_\_  
Depth markers locations at: \_\_\_\_\_ ft. \_\_\_\_\_ ft. \_\_\_\_\_ ft. \_\_\_\_\_ ft. \_\_\_\_\_

**Gutter/Skimmer:**

Gutters:  Yes  No **Details required on plans.**  
Skimmer: Make \_\_\_\_\_ Model No. \_\_\_\_\_ NSF Approved? \_\_\_\_\_  
Number of units: \_\_\_\_\_ Throat Diameter: \_\_\_\_\_

**Filter Information:**

Make \_\_\_\_\_ Model No. \_\_\_\_\_ NSF Approved? \_\_\_\_\_  
Number of filters: \_\_\_\_\_ Type of filter: \_\_\_\_\_  
Area of filter: \_\_\_\_\_ sq. ft. Total filter area: \_\_\_\_\_ sq. ft.  
Circulation Rate: \_\_\_\_\_ gpm. Backwash Rate: \_\_\_\_\_ gpm. Turnover Rate: \_\_\_\_\_

**Pump Information:**

Horsepower: \_\_\_\_\_ Strainer Size: \_\_\_\_\_ Circulating Rate: \_\_\_\_\_ gpm \_\_\_\_\_ tdh

**Disinfecting Device:**

Make \_\_\_\_\_ Model No. \_\_\_\_\_ NSF Approved? \_\_\_\_\_  
Chlorine: \_\_\_\_\_ Type of Cl<sub>2</sub> \_\_\_\_\_ Bromine \_\_\_\_\_ Other \_\_\_\_\_

**Chemical Feeders:**

Make \_\_\_\_\_ Model No. \_\_\_\_\_ NSF Approved? \_\_\_\_\_

**Other Equipment:**

Flow Meter Make: \_\_\_\_\_ Model No. \_\_\_\_\_ NSF Approved? \_\_\_\_\_

Main Drains Quantity: \_\_\_\_\_ Anti Vortex (Y/N) \_\_\_\_\_ Openings ( 5/8 inch max) \_\_\_\_\_

Inlets Quantity: \_\_\_\_\_ **Indicate locations on plans.**

Deck Lights Quantity: \_\_\_\_\_ Watts: \_\_\_\_\_

Underwater Lights Quantity: \_\_\_\_\_ Watts: \_\_\_\_\_

Diving Boards Quantity: \_\_\_\_\_ Length: \_\_\_\_\_

Ladders Quantity: \_\_\_\_\_ Tread Width: \_\_\_\_\_

Lifeguard Chair Quantity: \_\_\_\_\_ Height: \_\_\_\_\_ Portable (Y/N) \_\_\_\_\_

Ring Buoy Quantity: \_\_\_\_\_ Diameter: \_\_\_\_\_ Rope Length: \_\_\_\_\_

Shepherds Crook Quantity: \_\_\_\_\_ Length: \_\_\_\_\_

Test Kit Make: \_\_\_\_\_ Model: \_\_\_\_\_

Spa Controls/Timer Time Period: \_\_\_\_\_ Distance from spa's edge: \_\_\_\_\_

Drinking Fountains Quantity: \_\_\_\_\_ **Indicate locations on plans.**

**Equipment Room**

Floor Finish: \_\_\_\_\_

Slope to drain ( ¼ in. per ft. min.) \_\_\_\_\_

**Bath House**

Will there be a bath house (Y/N) \_\_\_\_\_

Tempered water temp \_\_\_\_\_ °F.

**Enclosure**

Fence Height: \_\_\_\_\_

Self latching gate (Y/N) \_\_\_\_\_

Latch Height \_\_\_\_\_

**Gas Chlorine Storage Room**

Will gas chlorine be used? ( Y / N)    Separate storage room? ( Y / N)    Window in door? ( Y / N)

Is the room vented? ( Y / N)    Scale Supplied ( Y / N)    Mask Provided ( Y / N)

**Pool Slides/Flumes/Water Features**

Indicate if planning to be installed ( Y / N)    Will it be lubricated with flowing water? ( Y / N)

**Signs**

Please indicate exact wording (Most commercial signs do not meet local requirements.)