



Aquatic Facility Plan Review Packet

The following are REQUIRED* to complete your review:

- ☐ Complete set of hard copy plans showing the layout, equipment room, bathhouse, and showing the side view of the aquatic facility.
- ☐ Completed plan review packet (below) including attachments where required.
- ☐ 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.***
- ☐ Certified Pool Operator Certificate for this aquatic facility.
- ☐ Fee

*The plans will not be reviewed until the listed items are submitted.

This plan review will be viable for 12 months past the date of review. After the expiration date, a new plan review and the appropriate fee must be resubmitted.

FACILITY INFORMATION (PLEASE PRINT):

Establishment Name: _____

Establishment Address: _____

Mailing Address: _____

Establishment Phone Number: _____

Email Address: _____

OWNER INFORMATION (PLEASE PRINT):

Contact person: _____

Contact Email: _____

Contact Phone Number: _____

Owner Name: _____

Owner Address: _____

Owner Phone Number: _____

Owner Email: _____

Is this plan review for a new pool, spa, or remodel of an existing establishment?

- ☐ New Pool (\$364 + \$87/hour for additional time over 3 hours spent on plan review)
- ☐ New Spa (\$364 + \$87/hour for additional time over 3 hours spent on plan review)
- ☐ Remodel (\$277 + \$87/hour for additional time over 2 hours spent on plan review)

Is this aquatic facility general use or limited use?

☐ 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 Supply (Choose one):

☐ Public—Name: _____

☐ Private Well

Bacteriological Sample Date (required every 6 months): _____

Sewage Disposal (Choose one):

☐ Public—Name: _____

☐ Onsite Wastewater Treatment System (Septic system) Attach site map at end of form. System must be evaluated by an engineer to determine if additional capacity is necessary. Letter from engineer must be attached at end of form. If additional capacity is required, a small wastewater permit is required.

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:

Will the facility have gutters?

☐ Yes☐ No**Details required on plans.****Skimmer:**

Make _____

Model No. _____

Will the skimmer be NSF approved?

☐ Yes☐ No

Number of units: _____

Throat Diameter: _____

Filter Information:

Make _____

Model No. _____

Will filter be NSF approved?

☐ Yes☐ No

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 Number: _____

Will the disinfecting device be NSF approved?

☐ Yes☐ No

Chlorine: _____
Type of Cl₂: _____
Bromine: _____
Other: _____

Chemical Feeders:

Make _____
Model No. _____
Will the chemical feeders be NSF approved?

☐ Yes

☐ No

Other Equipment:

Flow Meter:

Make: _____
Model No. _____
Is the flow meter NSF approved?

☐ Yes

☐ No

Main Drains:

Quantity: _____
Openings (5/8-inch max): _____
Is the drain anti vortex?

☐ Yes

☐ No

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: _____

Will the lifeguard chair be portable?

☐ Yes☐ No**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 ($\frac{1}{4}$ in. per ft. min.): _____**Bathhouse**

Will there be a bathhouse?

☐ Yes☐ No

Tempered water temperature: _____ °F.

Enclosure

Fence Height: _____

Latch Height _____

Will there be a self-latching gate?

☐ Yes

☐ No

Gas Chlorine Storage Room

Will gas chlorine be used?

☐ Yes

☐ No

Will a separate storage room be used?

☐ Yes

☐ No

Does the gas chlorine storage room have a window on the door?

☐ Yes

☐ No

Is the room vented?

☐ Yes

☐ No

Will a scale be supplied?

☐ Yes

☐ No

Will masks be provided?

☐ Yes

☐ No

Pool Slides/Flumes/Water Features

Will any pool slides/flumes/water features be installed?

☐ Yes

☐ No

Will pool slides/flumes/water features be lubricated?

☐ Yes

☐ No

Signs

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

Attach:

- ☐ Specification 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.***
- ☐ Certified Pool Operator Certificate for this aquatic facility.
- ☐ Complete set of hard copy plans showing the layout, equipment room, bathhouse, and showing the side view of the aquatic facility.