

# Environmental Health Services



## Pool Plan Review Application

**\*\*PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH POOL\*\***

I am hereby making application to construct/alter the following swimming pool, and/or facility. I understand that a construction/alteration permit issued under this application must be received **PRIOR** to any actual work on the project.

Facility Name			
Address	City	State	Zip+4
County			

Owner		Phone	
Management Firm			
Address	City	State	Zip+4
Phone		Fax	

Architect/Engineer			
Firm			
Address	City	State	Zip+4
Phone		Fax	
Oregon Registered Architect: _____, Engineer: _____			

Builder		Project Contact Person	
Address	City	State	Zip+4
Phone		Fax	

<input type="checkbox"/> Bathhouse	<input type="checkbox"/> New Construction	<input type="checkbox"/> Alteration/Renovation	
<b>Pool Type:</b>	<input type="checkbox"/> Indoor	<input type="checkbox"/> Swimming	<input type="checkbox"/> Diving
<input type="checkbox"/> General Use	<input type="checkbox"/> Outdoor	<input type="checkbox"/> Spa	<input type="checkbox"/> Wading
<input type="checkbox"/> Limited Use	<input type="checkbox"/> Year-round	<input type="checkbox"/> Zero-Depth	<input type="checkbox"/> Combination
	Seasonal:	<input type="checkbox"/> Slide	<input type="checkbox"/> Other:
	<input type="checkbox"/> Winter <input type="checkbox"/> Summer	<input type="checkbox"/> Combo Water Rec. Attraction	

<b>Office Use Only</b>	
Plan #: _____	Construction Permit #: _____
Check Amount: \$ _____	Check #: _____
Variances? Yes: _____ No: _____	Variance #: _____
Reviewer's Initials: _____	Date: _____

# Environmental Health Services



Date: \_\_\_\_\_  
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## Pool/Spa/Bathhouse Operating Without a Valid License is in Violation of the Oregon Law.

### Type of Companion Facility

None  Motel/Hotel  Apartment  Condominium  Mobile Home Park  Campground  Other \_\_\_\_\_.

### Pool Basin

Pool Surface Area (sq. ft) \_\_\_\_\_, Perimeter (ft) \_\_\_\_\_, Volume (cu. ft) \_\_\_\_\_ (gal.) \_\_\_\_\_,  
Recirc. Rate (gpm) \_\_\_\_\_, Max. Bather Load \_\_\_\_\_, Turnover (hrs)-Required \_\_\_\_\_ Designed \_\_\_\_\_.

### Pump (Please submit a pump curve for each)

Recirculation - Make/Model \_\_\_\_\_, Hp \_\_\_\_\_ gpm @ 40' TDH \_\_\_\_\_ @ 60' TDH \_\_\_\_\_  
Jet (Spas) - Make/Model \_\_\_\_\_, Hp \_\_\_\_\_ gpm @ 10' TDH \_\_\_\_\_ @ design \_\_\_\_\_ ft TDH \_\_\_\_\_.

### Filters - ANSI/NSF 50 LISTED - Yes, if No - Select a listed filter or provide documentation.

Filter - Make/Model \_\_\_\_\_, Filter type -  Sand  D.E  Cartridge Surface area/filter (sq. ft) \_\_\_\_\_, No. of \_\_\_\_\_,  
Total Flow (gpm) \_\_\_\_\_, Pressure \_\_\_\_\_, Vacuum \_\_\_\_\_, Gauges Provided  Yes  No

### Piping and Fittings - Does the piping meet ANSI/NSF standard 14? Yes No

Velocity less than 6 ft/sec-suction, 10 ft/sec-pressure?  Yes  No, Piping type \_\_\_\_\_, Schedule \_\_\_\_\_,

**Inlets** - Make/Model \_\_\_\_\_, No. of \_\_\_\_\_

**Skimmer** - Make/Model \_\_\_\_\_ ANSI/NSF Listed \_\_\_\_\_, # provided \_\_\_\_\_

Note: (Provide equalizer line/valve/float control fittings. For pools with one skimmer-plumb equalizer line to main drain)

**Gutter** - Length \_\_\_\_\_ Outlet pipe size \_\_\_\_\_ Spacing \_\_\_\_\_ (One outlet-show flow calculations)

Surge Capacity (gal.) \_\_\_\_\_ Tank effective size (ft) \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_

**Main Drain** - Make/Model \_\_\_\_\_, No. of \_\_\_\_\_ Total Open Area (sq. inch) \_\_\_\_\_

Shallow Pools and Spas-Entrapment Protection Method \_\_\_\_\_

**Heater** - Make \_\_\_\_\_ Model # \_\_\_\_\_ BTU \_\_\_\_\_ Fuel \_\_\_\_\_.

### Disinfection

Disinfectant (Chlorine/Bromine) - Type \_\_\_\_\_, Secondary-Disinfectant \_\_\_\_\_,

Ozone provided-Show on plans & provide equipment info. Disinfectant feeder-Make/Model \_\_\_\_\_ Cap.

(ppm/pool Volume/24 hr) \_\_\_\_\_ **ANSI/NSF Standard 50 Listed** -  Yes, if No - provide an ANSI/NSF listed feeder.

### Pool Fill/Waste Disposal

Pool Fill - Potable Water Supply:  Municipal  Well: Well safe test date \_\_\_/\_\_\_/\_\_\_

Air gap connection \_\_\_\_\_, Air break/vacuum breaker \_\_\_\_\_, R/P valve-Make/Model \_\_\_\_\_

Waste Disposal - Air gap connection to  Septic  Holding  Municipal  Other \_\_\_\_\_.

### Bathhouse

Fixtures - (Toilets) - \_\_\_ M \_\_\_ F, (Urinals) - \_\_\_ M (Lavatory) - \_\_\_ M \_\_\_ F (Showers) - \_\_\_ M \_\_\_ F.

(Hosebib(s) for cleaning) - \_\_\_ M \_\_\_ F, (Floor Finish) \_\_\_\_\_

### Lighting - Submerged lighting provided Yes No

Watts/sp.ft or deck provided \_\_\_\_\_ Submerged lighting watts/sq.ft of pool surface provided \_\_\_\_\_.

Submitted herewith is pertinent information with respect to a public swimming pool/spa pool, including \_\_\_\_\_ identical sets of plans and specifications as it is to be constructed. All sets bear my signature and registration seal. I certify that the pool, as designed, is structurally stable, safe and meets the minimum standards of Oregon Administrative Rules, Chapter 333-60, Public Swimming Pools, or Chapter 3333-62, Public Spa Pools. The correct fee for plan review has been included.

Signature/Designer \_\_\_\_\_ Date \_\_\_\_\_ Registration # \_\_\_\_\_

I attest that the above designer is submitting plans, under my direction, for public pool construction. Upon completion, I will comply with the requirements of the appropriate administrative rule governing my pool.

Signature/Owner \_\_\_\_\_ Date \_\_\_\_\_ Registration # \_\_\_\_\_