

PUBLIC HEALTH DEPARTMENT

Environmental Health Division

APPLICATION FOR APPROVAL TO CONSTRUCT OR RENOVATE A PUBLIC SWIMMING POOL

Applications may be submitted online via Open Gov Portal: https://chathamcountync.viewpointcloud.com/

Name of Facility:			
Address of Facility:	Street	City	Zip Code
Type of Plan Review: New Construction	Remodel	Other	
Type of Pool: Swimming Pool Special Purpose or Thera Water Recreation Attract	py Pool	ading Pool	
Community Served (please of Fitness/Athletic Swadswission/Apartment Cother:	vim Club Sp Complex II	nstitution	el/Motel
Select All That Apply: Indoor Outdoor	Year-Round	Seasonal (April 1-0	October 31)
Water Supply:	Community	Well	
Sewage Disposal:	Community	Onsite System	
Pool overflow and backwash	n to:		

Owner:		
Mailing Address:Street		
	mail:	-
Alternate #:		
Contractor:		
Address of Contractor:		
Street	City, State	Zip Code
Phone Number: E	mail:	
Alternate #:		
Pools shall be constructed by a contractor licensed by I G.S. 87-1	· ·	-
Engineer:		
Address of Engineer:		
Street	City, Sta	te Zip Code
Phone Number: E	mail:	
Alternate #:		
Pool plans and specifications shall be prepared by a reference or G.S. 83A Architecture		uired by G.S. 89C

The owner shall submit:

- A minimum of two complete sets of plans for review. Plans shall be drawn to scale. All prints and drawings shall be a minimum of 18 x 24 inches and a maximum size of 36 x 42 inches. Plans shall include:
 - 1. Plan and sectional view dimensions of both the pool and the area enclosed by the barrier fences to include the bathhouse and the equipment room and pool accessories;
 - 2. Specifications of all treatment equipment used and their layout in the equipment room;
 - 3. A piping schematic showing piping, pipe size, inlets, main drains, skimmers, gutter outlets, vacuum fittings and all other appurtenances connected to the pool-piping system;
 - 4. Layout of the chemical storage room; and

- 5. Specifications for the water supply and wastewater disposal systems that include aspects such as well location and backwash water disposal where applicable.
- Plan review fee payment of \$300.00
- Application for approval to construct or renovate a public swimming pool.

• Specification documents submitted for:	If Applicable:
Circulation Pump Filter Automatic Chemical Feeder Skimmers Equalizer Suction Outlet Cover Return Flow Meter Main Drain Covers/Grates Adjustable Inlets	Pool Heater Slide Diving equipment Surge Container Variable Height Surface Skimmer Water Recreation Features Feature Pump
POOL	
Will pool be lifeguarded?	No
Number of units of life saving equipment: Ring Buoy	& Body Hook: of each
Location of emergency pool phone:	
Pool Surface Area:sq. ft	
Pool Perimeter:ft	
Volume:gallons	
Turnover Rate:GPM	
Maximum User Loading for Pool:	
Materials of Construction: Pool Shell: Concrete Vinyl Gunite Other:	Fiberglass
Pool Finish Color:	
Pool Surface Finish Slip Resistant? Yes	No
Shallow Area Depth:ft Pool Area <5 ft deep:sq. ft Slope in <5 ft deep:sq. ft Slope in >5 ft deep:	
Number of Skimmers: Num	mber of Inlets:
	t Pipe Size:in
Max GPM Equalizer Cover Can Handle:	

Main Drain Size:sq. in Max GPM Main Drain Cover Can Handle:
Main Drain Pipe Size:in
Hydrotherapy Drain Size (if available): sq. in
Max GPM Hydrotherapy Drain Cover Can Handle:
Hydrotherapy Drain Pipe Size:in
Feature Drain Size (if available):sq. in
Max GPM Feature Drain Cover Can Handle:
Feature Drain Pipe Size:in
Filter Flow Rate: GPM per sq. ft of bed area
The result of the period of the results of the resu
Type of Disinfection: Chlorine Bromine Salt Water System Biguanide
Type of Distinction Distinct
Number of ladders provided: Sets of steps and handrails provided:
Trumber of fadders provided Sets of steps and handrans provided
Night Time Swimming: Yes No
Tright Time Swimming.
Underwater Lighting (if provided): wette/eg ft of water surface
Underwater Lighting (if provided):watts/sq. ft of water surface
lumens/sq. ft of water surface
Deale Liebeine (if annelided).
Deck Lighting (if provided): ft-candles
D 1'
Decking:
Type:
Finish:
Slope:
Barrier Fence:
Fence/entrance gate detail drawn on plan? Yes (skip to next section)
No (provide fence schematic)
Type:Fence Height:ft
Type of Release Mechanism on Access Gate(s):
Height of Release Mechanism on Access Gate(s):in
RESTROOMS AND SHOWERS:
Number of fixtures provided:
<u>Males</u> <u>Females</u>
Showers: Showers:
Lavatories: Lavatories:
Water Closets: Water Closets:
Urinals:
Officials.
Panch or room provided for dressing?
Bench or room provided for dressing? Yes No
Are showers provided on the pool deck enclosure? Yes No
Are showers drained to sanitary sewer? Yes No

Shower(s) are required so that bathers may shower before entering the pool. For use as a cleansing shower, soap must be provided and shower(s) must drain to sanitary sewer or onsite wastewater system. Extra rinse showers and foot showers may deviate from these requirements.

CHEMICAL AND EQUIPMENT ROOM:

Chemical Room Dimensions: Shelf provided Lighting	width	length	height
Type of Ventilation: Vented away from	Natural Cross Drag	ft	Continuous Forced
Equipment Room Dimensions: Lighting Floor drain to sanitary sev Floor sloped not less than	ver	length	height
Type of Ventilation: Vented away from		ft	Continuous Forced
<u>CALCULATIONS</u> :			
POOL PERIMETER:			
SUFACE AREA:			
<u>VOLUME</u> (in gallons):			
FLOW RATE (gpm):			
TURNOVER RATE: BATHER LOAD:			

RESPONSIBILITY:

The Department shall approve, disapprove or provide written comments on plans and specifications for public swimming pools within 30 days of their receipt. If such action is not taken within 30 days, the plans and specifications are deemed approved. If construction is not initiated within one year from the date of approval, the approval is void.

The Swimming Pool Contractor shall contact the local health department when pool pipes are in place and visible so that the local health department may conduct an open-pipe inspection of the pool piping.

<u>Upon completion of construction</u>, the contractor shall notify the local health department and the owner. The contractor shall provide the owner with a complete set of drawings, which show built, the location of all pipes and the connections of all equipment and written operating instructions for all equipment.

Prior to issuances of the operation permit, **The Owner** shall submit to the local health department a statement signed by a registered design professional stating that construction is complete and in accordance with approved plans and specification and approved modifications.

Omissions or non-compliance with the .2500 NC Public Swimming Pool Rules will result in plans being disapproved.

No construction shall be initiated until plans are approved. If construction is not initiated within one year after plan approval, the approval is void.

Any deviation from approved plans without prior approval from the Department will void approval.

Signed:		Date:	
C	Owner	· · · · · · · · · · · · · · · · · · ·	