



# Swimming Pool Plans and Specification Report

**For TCHD Use Only**

Date \_\_\_\_\_  
Received by \_\_\_\_\_  
Employee Number: \_\_\_\_\_  
\*Plans Received Yes  No   
\*\$120.00 Plan Review Fee Paid Yes  No

\*Facility Name \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Owner: \_\_\_\_\_

\*Phone: \_\_\_\_\_

\*Email: \_\_\_\_\_

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

Builder/Contractor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Point of Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### General Information

(Partially completed forms **WILL NOT BE ACCEPTED**. If multiple bodies of water, fill out one complete form for each body of water.)  
Fill in blanks or place check mark at start of sentences indicating that the items will be provided.

**Pool:** Length: \_\_\_\_\_ Width: \_\_\_\_\_ Shape: \_\_\_\_\_  
Construction: \_\_\_\_\_ Depth: Minimum \_\_\_\_\_ Maximum \_\_\_\_\_  
Capacity \_\_\_\_\_ gals. Surface area \_\_\_\_\_ sq. ft. Bather load \_\_\_\_\_

**Spa/hot tub:** Length: \_\_\_\_\_ Width: \_\_\_\_\_ Shape: \_\_\_\_\_  
Construction: \_\_\_\_\_ Depth: Minimum \_\_\_\_\_ Maximum \_\_\_\_\_  
Capacity \_\_\_\_\_ gals. Surface area \_\_\_\_\_ sq. ft. Bather load \_\_\_\_\_

**Wading Pool:** Length: \_\_\_\_\_ Width: \_\_\_\_\_ Shape: \_\_\_\_\_  
Construction: \_\_\_\_\_ Depth: Minimum \_\_\_\_\_ Maximum \_\_\_\_\_  
Capacity \_\_\_\_\_ gals. Surface area \_\_\_\_\_ sq. ft. Bather load \_\_\_\_\_

Wading pool must be separately fenced.

**Spray Pad:** Length: \_\_\_\_\_ Width: \_\_\_\_\_ Shape: \_\_\_\_\_

Construction: \_\_\_\_\_

Capacity of Cistern \_\_\_\_\_ gals. Location of Cistern: \_\_\_\_\_

Cistern must be equipped with an automatic fill device. (This must be present in the design.)

**Turnover rates** (in hours)

Pool \_\_\_\_\_

Spa/hot tub \_\_\_\_\_

Wading pool \_\_\_\_\_

Spray Pad \_\_\_\_\_

**Decks**

Size (at least 5' clearance from pool edge - required) \_\_\_\_\_ Construction Material \_\_\_\_\_

Finish material \_\_\_\_\_

% Slope of decks \_\_\_\_\_ Direction of slope of decks (towards drains, towards landscaping)

Deck drains must be provided. Type (perimeter, circular, etc.) \_\_\_\_\_ Deck drains must be located every 15' on center(???) \_\_\_\_\_

Hose bibs must be provided at least every 100 ft. Fencing (describe) \_\_\_\_\_

Include locations in design on vertical walls and horizontal decks.

Depth markers must be provided: Wall Yes  No  Deck Yes  No

Letter size (at least 4") \_\_\_\_\_ Number size must be at least 4" (color contrasting)

**Water Supply**

Well or Municipal supply? \_\_\_\_\_ Fill spouts: \_\_\_\_\_ Location: \_\_\_\_\_

An air gap must be provided on the fill spout and must be at least twice the diameter of the pipe or

A reduced pressure zone assembly backflow preventer is required.

Model #: \_\_\_\_\_ Location: \_\_\_\_\_

## Waste Disposal

Backwash water must be discharged to sanitary sewer through an air gap two times the pipe diameter.

Backwash sight glass must be provided on filter and/or discharge line. Location: \_\_\_\_\_

Other: \_\_\_\_\_

Spray Pad:  A mechanism to prevent stormwater from entering cistern during a storm event must be provided.

Description: \_\_\_\_\_

Location: \_\_\_\_\_

## Equipment

### Pool

Two main drains must be provided.

Main drain: Size \_\_\_\_\_ Pipe diameter \_\_\_\_\_

Main drain cover: Manufacturer \_\_\_\_\_ Model \_\_\_\_\_  Drains must be VGB compliant.

Effective open area in main drain cover (in square inches) \_\_\_\_\_

Maximum Flow Through Cover (gpm) \_\_\_\_\_

Skimmers: (one per every 400 sq. ft. of surface area) Minimum **of two required**.

Number \_\_\_\_\_  Equalizer line and/or autofill required.

Overflow gutters (if used): Surge tank provided? Yes  No  Outlet pipe size (at least 2") \_\_\_\_\_

Distance between outlets (maximum of 15') \_\_\_\_\_

Wall inlets: Number \_\_\_\_\_ Discharge depth (min 12") \_\_\_\_\_ Distance between inlets (max 15') \_\_\_\_\_

Wall inlets must have adjustable directional flow capability.

Emergency shut off switch must be provided for pool, and must be located in deck area or lifeguard station.

Circulation system must run 24 hours per day.

**Spa/Hot tub**

Two main drains must be provided.

Main drain: Size \_\_\_\_\_ Pipe diameter \_\_\_\_\_

Main drain cover: Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

Drains must be VGB compliant.

Effective open area in main drain cover (in square inches) \_\_\_\_\_

Maximum Flow Through Cover (gpm) \_\_\_\_\_

Skimmers: (one per every 400 sq. ft. of surface area) Minimum **of two required**.  
Number \_\_\_\_\_  Equalizer line and/or autofill is required.

Overflow gutters (if used): Surge tank provided? Yes  No  Outlet pipe size (at least 2") \_\_\_\_\_  
Distance between outlets (maximum of 15') \_\_\_\_\_

Circulation Inlets: Number \_\_\_\_\_ Discharge depth (min 12") \_\_\_\_\_ Distance between inlets (max 15') \_\_\_\_\_

Emergency shut off switch must be provided for spa and must be located in deck area or lifeguard station. Location: \_\_\_\_\_

Circulation system must run 24 hours per day.

**Wading Pool**

Two main drains must be provided.

Main drain: Size \_\_\_\_\_ Pipe diameter \_\_\_\_\_

Max depth \_\_\_\_\_ Greater than 18" not allowed.

Main drain cover: Manufacturer \_\_\_\_\_ Model \_\_\_\_\_  Drains must be VGB Compliant

Effective open area in main drain cover (in square inches) \_\_\_\_\_

Maximum Flow Through Cover (gpm) \_\_\_\_\_

Skimmers: (one per 400 sq. ft. of surface area) Minimum **of two required**.  
Number \_\_\_\_\_  Equalizer line and/or autofill is required.

Overflow gutters (if used): Surge tank provided? Yes  No  Outlet pipe size (at least 2") \_\_\_\_\_  
Distance between outlets (maximum of 15') \_\_\_\_\_

Inlets: Number \_\_\_\_\_ Discharge depth (min 12") \_\_\_\_\_ Distance between inlets (max 15') \_\_\_\_\_

Emergency shut off switch must be provided for wading pool and be located in deck area or lifeguard station.

Circulation system must run 24 hours per day.

**Spray Pad** Two main drains must be provided.

Main drain: Size \_\_\_\_\_ Pipe diameter \_\_\_\_\_

Main drain cover: Manufacturer \_\_\_\_\_ Model \_\_\_\_\_  
Effective open area in main drain cover (in square inches) \_\_\_\_\_

Maximum Flow Through Cover (gpm) \_\_\_\_\_

 Circulation system must run 24 hours per day even if spray features are turned off. Cistern must be equipped with a turbidimeter.

<b>Pumps</b>	<b>Make</b>	<b>Model</b>	<b>HP</b>	<b>Maximum Flow Rate (gpm)</b>
Pool	_____	_____	_____	_____
Spa/hot tub	_____	_____	_____	_____
Wading pool	_____	_____	_____	_____
Spray Pad	_____	_____	_____	_____
<b>Filters</b>	<b>Type</b>	<b>Make</b>	<b>Model</b>	<b>Maximum Flow Rate (gpm)</b>
Pool	_____	_____	_____	_____
Spa/hot tub	_____	_____	_____	_____
Wading pool	_____	_____	_____	_____
Spray Pad	_____	_____	_____	_____

Designed turnover rate and feet of water (TDH) in gpm, Pool: \_\_\_\_\_ Spa: \_\_\_\_\_

**Disinfection System**

Chlorine \_\_\_\_\_ Bromine \_\_\_\_\_ Other \_\_\_\_\_

Equipment: Make \_\_\_\_\_ Model \_\_\_\_\_ Type: Gas \_\_\_\_\_ Erosion \_\_\_\_\_ Hypo \_\_\_\_\_

Hypo systems: Regulator provided \_\_\_\_\_ Backflow/back siphonage features \_\_\_\_\_

Location of Injection \_\_\_\_\_

Automatic Control Device? Yes  No  Make \_\_\_\_\_ Model \_\_\_\_\_UV System: Make \_\_\_\_\_ Model \_\_\_\_\_  All UV systems must be equipped with light intensity meter.

Other chemical systems: Description with make and model \_\_\_\_\_

## Other Equipment

Flow meter must be provided: Location: \_\_\_\_\_

Bather load signs must be posted: Location: \_\_\_\_\_

Vacuum gauges must be provided on the suction line prior to the pump.

Suction cleaning equipment is required.

Please explain how the pool(s)/spa(s) will be cleaned and with what equipment:

Diving boards: Number \_\_\_\_\_ Locations \_\_\_\_\_

1) Water depth \_\_\_\_\_ Board height \_\_\_\_\_ Headroom \_\_\_\_\_ Horizontal separation \_\_\_\_\_

2) Water depth \_\_\_\_\_ Board height \_\_\_\_\_ Headroom \_\_\_\_\_ Horizontal separation \_\_\_\_\_

3) Water depth \_\_\_\_\_ Board height \_\_\_\_\_ Headroom \_\_\_\_\_ Horizontal separation \_\_\_\_\_

Lights: Number \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Watts \_\_\_\_\_

Ladders are required if necessary. Locations: \_\_\_\_\_

Steps:

Contrasting color is required. Two inch strip on edge of steps.

Non-slip design is required.

Handrail is required.

## Dressing Rooms, Toilets, and Shower Facilities

\*\*\*Note: Section 3.20: Dressing rooms, toilet facilities and shower rooms **are required for all pools** except those provided in connection with lodging facilities where the pool is not available to the public not occupying such facilities and shall be handicapped accessible.\*\*\*

### Dressing Rooms (Not Applicable for hotels/motels)

Patrons must be able to easily access showers and toilets when passing through the locker rooms toward the pool and spa.

Dressing Room floor construction \_\_\_\_\_

Dressing Room floor must be non-slip

Finish must be impervious to moisture

Material used for walls, partitions, and furniture must be easily cleanable and will not be damaged by frequent hosing, wetting, or disinfection.

**Toilet Facilities** (Not applicable for hotels/motels)

Toilet facilities must be provided for both males and females and must be accessible to disabled persons

Toilet facility fixtures must be properly protected against back siphonage.

Men's Toilets: Number of urinals\_\_\_\_\_ Number of water closets\_\_\_\_\_

Women's Toilets: Number of water closets\_\_\_\_\_

Partitions, walls, and ceilings must be constructed of material not adversely affected by steam, water, or disinfectants.

Toilet facility floor must be non-slip.

Finish must be impervious to moisture and must have a slope of one-fourth (1/4) inch towards floor drains.

Toilet facility must be ventilated.

Hose bibs must be provided in toilet rooms to enable entire room to be conveniently flushed.

**Shower Facilities** (Not applicable for hotels/motels)

Shower facilities must be provided for males and females and are accessible to disabled persons

Shower facilities must be located so that bathers must pass through the shower room before entering into the swimming pool area.

Number of showers\_\_\_\_\_

Shower facility floor must be non-slip.

Finish must be impervious to moisture.

Partitions, walls, and ceilings must be constructed of material not adversely affected by steam, water, or disinfectants and floor has a slope of \_\_\_\_\_

Showers must be supplied with a water temperature of at least 90°F

Showers must have a Minimum rate of three (3) gallons per minute, and thermostatic or mixing valves to prevent scalding

Hose bibs must be provided in shower rooms to conveniently flush entire room by hose.

**Submit fully completed form(s), plans, and \$120.00 plan review fee to:**

Tri-County Health Department  
**Attn: Pool Program Lead**  
6162 S. Willow Drive Suite 100  
Greenwood Village, CO 80111

**OR** to any field office location:

Aurora  
15400 E. 14<sup>th</sup> Pl, Ste 212  
Aurora, CO 80011  
**(303) 363-3055**

Castle Rock  
410 S. Wilcox St.  
Castle Rock, CO  
80104 **(303) 846-2027**

Commerce City  
4201 E 72<sup>nd</sup> Ave. Ste D  
Commerce City, CO80022  
**(303) 288-6816**

Greenwood Village  
6162 S. Willow Dr., Ste. 100  
Greenwood Village CO 80111  
**(720) 200-1670**