



# Swimming Pool Plans and Specification Report

<b>For TCHD Use Only</b>
Date _____
Received by _____
Employee Number: _____
*Plans Received Yes <input type="checkbox"/> No <input type="checkbox"/>
*\$120.00 Plan Review Fee Paid Yes <input type="checkbox"/> No <input type="checkbox"/>

\*Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

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

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

Design Architect: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\*Required prior to review

### General Information

(Partially completed forms **WILL NOT BE ACCEPTED**. If multiple bodies of water, fill out one complete form for each body of water)

**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 separately fenced? Yes  No

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

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

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

Is Cistern equipped with an automatic fill device? Yes  No

**Turnover rates (in hours)**

Pool \_\_\_\_\_  
Spa/hot tub \_\_\_\_\_  
Wading pool \_\_\_\_\_  
Spray Pad \_\_\_\_\_

**Decks**

Size (at least 5' clearance) \_\_\_\_\_ Construction \_\_\_\_\_ Finish \_\_\_\_\_

Slope of decks \_\_\_\_\_ Direction of slope of decks (towards drains, towards pool, towards landscaping, etc.) \_\_\_\_\_

Deck drains provided? Yes  No  Type \_\_\_\_\_ Location (at least every 15') \_\_\_\_\_

Hose bibs provided at least every 100 ft? Yes  No  Fencing (describe) \_\_\_\_\_

Depth markers provided: Wall Yes  No  Deck Yes  No  Letter size (at least 4") \_\_\_\_\_

**Water Supply**

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

Air gap provided on fill spout? \_\_\_\_\_ (must be at least twice the diameter of the pipe)

Backflow Preventer? Type: \_\_\_\_\_ Location: \_\_\_\_\_

**Waste Disposal**

Backwash water to sanitary sewer? Yes  No  Two times pipe diameter air gap? Yes  No

Sight glass provided? \_\_\_\_\_ Location: \_\_\_\_\_

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

Spray Pad: Is there a mechanism to prevent stormwater from entering cistern during a storm event? Yes  No

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

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

If "No" explain how stormwater will be prevented from entering cistern during a storm event

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Equipment

### Pool

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

Main drain cover: Name \_\_\_\_\_ Model \_\_\_\_\_ VGB Compliant Yes  No

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**.

Number \_\_\_\_\_ Equalizer line provided? Yes  No

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 provided for pool? Yes  No  Location: \_\_\_\_\_

Will circulation system run 24 hours per day? Yes  No

### Spa/Hot tub

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

Main drain cover: Name \_\_\_\_\_ Model \_\_\_\_\_ VGB Compliant Yes  No

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**.

Number \_\_\_\_\_ Equalizer line provided? Yes  No

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 provided for spa? Yes  No  Location: \_\_\_\_\_

Will circulation system run 24 hours per day? Yes  No

**Wading Pool**

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

Main drain cover: Name \_\_\_\_\_ Model \_\_\_\_\_ VGB Compliant Yes  No 

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**.Number \_\_\_\_\_ Equalizer line provided? Yes  No 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 provided for wading pool? Yes  No  Location: \_\_\_\_\_Will circulation system run 24 hours per day? Yes  No **Spray Pad**

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

Main drain cover: Name \_\_\_\_\_ Model \_\_\_\_\_

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

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

Emergency shut off switch provided? Yes  No  Location: \_\_\_\_\_Will circulation system run 24 hours per day even if spray features are turned off? Yes  No Is cistern equipped with a turbidimeter? Yes  No 

<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	_____	_____	_____	_____

**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 \_\_\_\_\_ Equipped with light intensity meter? Yes  No 

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

**Other Equipment**Flow meter provided: Yes  No  Location: \_\_\_\_\_Bather load signs provided and posted: Yes  No  Location: \_\_\_\_\_Pressure gauge(s) provided: Yes  No  Location: \_\_\_\_\_Suction cleaning provided: Yes  No  Location: \_\_\_\_\_

If "No" Explain: \_\_\_\_\_

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 provided Yes  No  Locations \_\_\_\_\_**Steps:**Contrasting color Yes  No Non-slip design Yes  No Handrail Provided Yes  No

## 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

The dressing room layout is adjacent to the lockers and showers Yes  No

When leaving the dressing room, bathers must pass the toilets and showers enroute to the swimming pool Yes  No

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

Dressing Room floor non-slip Yes  No

Finish Impervious to moisture Yes  No

Material used for walls, partitions, and furniture easily cleanable and will not be damaged by frequent hosing, wetting, or disinfection Yes  No

### Toilet Facilities

Toilet facilities are provided for both males and females and are accessible to disabled persons Yes  No

Toilet facility fixtures are properly protected against back siphonage Yes  No

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

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

Partitions, walls, and ceilings constructed of material not adversely affected by steam, water, or disinfectants Yes  No

Toilet facility floor non-slip Yes  No

Finish impervious to moisture Yes  No   
and has a slope of one-fourth (1/4) inch towards floor drains Yes  No

Toilet facility ventilated Yes  No

Hose bibs provided in toilet rooms to enable entire room to be conveniently flushed by hose Yes  No

## Shower Facilities

Shower facilities provided for males and females and are accessible to disabled persons Yes  No

Shower facilities located so that bathers must pass through the shower room before entering into the swimming pool area Yes  No

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

Shower facility floor non-slip Yes  No

Finish impervious to moisture Yes  No

Partitions, walls, and ceilings constructed of material not adversely affected by steam, water, or disinfectants Yes  No   
and floor has a slope of \_\_\_\_\_

Showers supplied with a water temperature of at least 90°F Yes  No

Minimum rate of three (3) gallons per minute Yes  No   
and thermostatic or mixing valves to prevent scalding Yes  No

Hose bibs provided in shower rooms to conveniently flush entire room by hose Yes  No

### 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  
Greenwood Village, CO 80111

OR to any field office location:

Aurora  
15400 E. 14<sup>th</sup> Pl, Ste 115  
Aurora, CO 80011  
**(303)341-9370**

Castle Rock  
410 S. Wilcox St.  
Castle Rock, CO 80104  
**(303)663-7650**

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**