



Swimming Pool Plans and Specification Report

For ACHD 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.

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

Adams County Health Department
Attn: Environmental Health
7190 Colorado Blvd., Ste. 200
Commerce City, CO 80022