



ADAMS COUNTY
HEALTH DEPARTMENT
Together for a Healthier Adams County

For ACHD Use Only

Date _____
Received by _____
Employee Number: _____
Plans Received: Yes ☐ No ☐
Plan Review Fee Paid: Yes ☐ No ☐

Swimming Pool Plans and Specification Report

*Facility Name _____

*Facility Address: _____

*Facility Email: _____

*Facility Phone: _____

*Facility Owner Name: _____

*Facility Owner Address: _____

*Facility Owner Email: _____

*Facility Owner Phone: _____

*Applicant Name: _____

*Applicant Company Name: _____

*Applicant Address: _____

*Applicant Email: _____

*Applicant Phone: _____

General Information

Partially completed forms **WILL NOT BE ACCEPTED**. Fill in blanks or place check mark at start of sentences indicating that the items will be provided. If multiple bodies of water of one type are proposed, attach a separate page with the requested information for the additional body or bodies 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 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 (60" minimum height) must be provided to prevent unauthorized entry.
☐ Depth markers must be provided on vertical walls and horizontal decks.
☐ Number size must be at least 4" and must be color contrasting.

Water Supply

Well or Municipal supply? _____
☐ 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: _____

For spray pad only: ☐ 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 ☐

Overflow gutter outlet pipe size (if used, at least 2"): _____

Distance between overflow gutter outlets (if used, 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 ☐

Overflow gutter outlet pipe size (if used, at least 2"): _____

Distance between overflow gutter outlets (if used, 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.

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.

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 ☐

Overflow gutter outlet pipe size (if used, at least 2"): _____

Distance between overflow gutter outlets (if used, 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.

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	_____	_____	_____	_____

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.

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 is required on edge of steps.

☐ Non-slip design is required.

☐ Handrail is required.

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 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.

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.

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.

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.

Submit fully completed form(s), plans, and plan review fee to:

Adams County Health Department
Attn: Environmental Health Water Program
ehwaterprogram@adamscountyco.gov
303-288-6816
7190 Colorado Blvd.
Suite 200
Commerce City, CO 80022