

**SWIMMING POOL and SPA PLAN REVIEW
Instructions and Application Forms**

USE THIS PACKET TO HAVE PLANS FOR CONSTRUCTING A SWIMMING POOL OR SPA OR REMODELING AN EXISTING POOL OR SPA REVIEWED AND APPROVED BY THE DEPARTMENT.

INSTRUCTIONS

The following must be submitted to process your plan review request:

1. *Completed plan review application (pgs 1-6)*
2. *Plans of pool and associated facilities prepared or approved by a Colorado registered professional engineer, demonstrating compliance with ALL requirements set forth in the SWIMMING POOL AND MINERAL BATH REGULATION of the State of Colorado*
3. *Equipment specification sheets for heaters, pumps, filters and disinfection units*
4. *Other required documents as listed on the application*
5. *Check, with appropriate fee (below), payable to Jefferson County Department of Health and Environment.*

FEE: (All Pools) \$80.00 (payable to Jefferson County Treasurer)

NOTE

Approval of the Department is required for the construction of all PUBLIC and SEMI-PUBLIC POOLS in Jefferson County. PRIVATE pools such as those at condominium and apartment complexes are exempt from this requirement. However, the Department will perform such a review upon submission of this packet, fee, and the appropriate drawings and plans.

PROCESSING TIME

Please allow 7-10 working days for review. Incomplete applications or missing plans or documents will delay this process.

The contact person shown on this application will be notified upon completion of the review process and instructed to pick up the plans. A letter stating approval, or additional requirements needed, will be attached to the plans. Stamped plans will be retained for no more than 30 days after approval.

CONTACT: Leslie Frank
303 271-5776
lefrank@jeffco.us

JEFFERSON COUNTY PUBLIC HEALTH

Environmental Health Services Division
1801 19th Street, Golden CO 80401
(303) 271-5700 FAX (303) 271-5760
<http://health.jeffco.us>

FACILITY NAME: _____

FACILITY ADDRESS: _____

TYPE OF FACILITY (check ONLY one)

- Public (recreation center, public park - open to the general public)
- Semi-public (hotel/motel, mobile home park, child care center)
- Semi-public (health club or spa - open to members and guests only)
- Private (apartment, condominium or multi-family complex)

POOL OPERATION: Seasonal Year-round

TYPE OF CONSTRUCTION: New Remodel

FEE: \$80.00

PART I – CONTACT INFORMATION

Primary _____
Address _____
City/ST/Zip _____
Phone (____) _____ Fax(____) _____
Email: _____

Designer _____
Phone (____) _____ Fax(____) _____
Email: _____

Owner _____
Address _____
City/ST/Zip _____
Phone (____) _____ Fax(____) _____
Email: _____

ESTIMATED OPENING DATE FOR FACILITY: _____

PART II – WATER AND SEWER

POTABLE WATER SUPPLY

as Water service must be provided either by a public water district or a well which has been approved a non-community water system and assigned a public water system identification number (PWSID).

Please indicate the source of water for the facility:

- () INDIVIDUAL WATER WELL
Provide PWSID number _____
- () PUBLIC WATER SYSTEM
Name of Water District _____

WASTEWATER DISPOSAL

Wastewater disposal must be provided either by a public sewer system or an individual sewage disposal system that has been designed and approved for that purpose.

Please indicate the method of wastewater disposal for the facility.

- () INDIVIDUAL SEWAGE DISPOSAL SYSTEM
Provide permit number _____
- () PUBLIC SEWER SYSTEM
Name of Sewer District _____

PART III – CONSTRUCTION SPECIFICATIONS

MAIN POOL

Water surface: TOTAL SURFACE AREA _____ sq ft

Area with depth greater than 3 ½ ft _____ sq ft

Skimmers: Number _____

Make _____ Model _____

Size _____

Pool capacity: _____ gallons

Turnover rate: _____ hours

Bather load: _____ persons

Pool surface finish: () Concrete (painted and sealed)
 () Tile
 () Pre-formed synthetic liner
 () Other _____

Diving board?
 () NO
 () YES - Number _____ Board height _____ ft
 Headroom _____ ft Horiz. separation _____ ft
 Water depth _____ ft

Underwater lighting? () NO () YES
Water features? () NO () YES (list below)

WADING / BABY POOL

Number: _____ (or N/A, if none)
Water surface area: _____ sq ft
Skimmers: Number _____
Make _____
Model _____
Size _____
Pool capacity: _____ gallons
Turnover rate: _____ hours
Bather load: _____ persons
Pool surface finish: () Concrete (painted and sealed)
() Tile
() Pre-formed synthetic liner
() Other _____
Water features? () NO () YES (list below)

SPAS and HOT TUBS

Number: _____ (or N/A, if none)
Type: () Constructed in place
() Manufactured unit – Make _____ Model _____
Capacity: _____ gallons
Turnover rate: _____ hours
Bather load: _____ persons
Surface finish: () Concrete (painted and sealed)
() Fiberglass
() Other _____

BATH HOUSE FACILITIES

WILL BATH HOUSE FACILITIES BE PROVIDED?

- () NO – Location of bather shower : _____
- () YES – complete chart below

	Shower rooms	Toilet Rooms	Dressing Rooms
Floors (construction)			
Walls (construction)			
Ceilings (construction)			
Proper ventilation?			
Proper drainage?			
Fixtures – (Mens Rm)*			
Fixtures – (Womens Rm)*			

*How will hot water for the above fixtures be provided?

- () Pool heater will provide hot water
- () Hot water from external source (hotel boiler, etc)
- () Separate water heater – you must provide specification sheet that includes efficiency and rate of recovery

PART IV – MECHANICAL SCHEDULE

PUMPS

Please provide the following information regarding the pool pump(s):

	Make	Model	HP	Capacity (GPM)
Main Pool				
Wading Pool				
Spa / Hot Tub				

HEATERS

Please provide the following information regarding the pool heaters(s):

	Make	Model	BTU	Recovery Rate
Main Pool				
Wading Pool				
Spa / Hot Tub				

FILTERS

Please provide the following information regarding the pool filters(s):

	Make	Model	Type*	Capacity (GPM)
Main Pool				
Wading Pool				
Spa / Hot Tub				

* Filter types are: DE (Diatomaceous earth) CT (Cartridge)
SF (Sand filter) OT (Other – specify)

PART V – DISINFECTION

DISINFECTION CHEMICAL USED:

- () Chlorine () Bromine () Ozone
() Other (specify) _____

METHOD OF DISINFECTION (check one):

- () Gas* Make _____ Model _____
() Erosion Make _____ Model _____
() Hypo Make _____ Model _____
() Other (specify) _____

* The use of gas disinfection units requires a separate room for the cylinders and feed mechanisms as well as the provision of specific safety equipment. You must also include plans and specifications for such a room and required equipment with this application. Notification of the local fire department and Local Emergency Planning Committee (LEPC) is also required.

PART VI – GENERAL OPERATIONS

Will there be a concession stand at the facility (other than vending machines)?
 NO
 YES (also submit FORM 3000 to have those plans reviewed)

Other Comments: _____

PART VII – TERMS AND CONDITIONS OF APPLICATION

In applying for this swimming pool plan review, I hereby authorize the health officer and / or their representative to determine compliance with the **SWIMMING POOLS AND MINERAL BATH REGULATIONS** of the state of Colorado for the purpose of constructing a swimming pool. I further acknowledge that false or misleading statement on this application may be cause to revoke the approval issued for this proposed pool / spa.

OWNER / APPLICANT / AGENT

DATE