

FORM  
**5100**

## JEFFERSON COUNTY PUBLIC HEALTH

Environmental Health Services Division  
645 Parfet Street, Lakewood, CO 80215  
(303) 232-6301 FAX (303) 271-5760

[jeffco.us/public-health](http://jeffco.us/public-health)

FORM  
**5100**

### 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:** Matthew Garcia  
303 271-5762  
[msgarcia@jeffco.us](mailto:msgarcia@jeffco.us)

REVISED 1/14/14

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FORM 5100

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**

Water service must be provided either by a public water district or a well which has been approved as 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



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