



## Madison County Health Department Environmental Health

◇ 5707 US Hwy 25/70, Suite 26 ◇ Marshall, NC 28753 ◇

◇ Tel: 828-649-9598 ◇ Fax: 828-649-9370 ◇

[envhealth@madisoncountync.gov](mailto:envhealth@madisoncountync.gov)

Tammy Cody, MHS  
Health Director

Melissa Robertson, MD  
Medical Director

### Application for Approval to Construct/Renovate a Public Swimming Pool

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_  
*Street City Zip*

Type of Plan Review:

New Construction       Remodel       Other: \_\_\_\_\_

Type of Pool (Please fill out separate application for each body of water):

Swimming Pool       Spa/Hot Tub       Wading Pool

Water Recreation Attraction, Special Purpose, or Therapy Pool

*(Please Specify: i.e. waterslide plunge pool; wave pool; rapid or lazy river; spray pad; training pool; float tank; swim spa training pool; exercise therapy and treadmill pool; scuba pool)*

Community Served (Please check all that apply):

Fitness/Athletic       Swim Club       Spa Institution  
 Hotel/Motel/Condominium/Apartment Complex  
 Subdivision       Institution  
 Other: \_\_\_\_\_

Select all that apply:

Indoor       Outdoor       Year-Round       Seasonal (4/1 - 10/31)

Water Supply:

Community       Well

Sewage Disposal:

Community       Onsite System

Pool overflow and backwash flows to: \_\_\_\_\_



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Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City, State Zip Code

Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Alternate #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Pool Contractor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City, State Zip Code

Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Alternate #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

*Pools shall be constructed by a contractor licensed by NC Licensing Board for General Contractors as required by G.S. 87-1*

Engineer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City, State Zip Code

Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Alternate #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

*Pool plans and specifications shall be prepared by a registered design professional as required by G.S. 89C Engineering or G.S. 83A Architecture*

General Contractor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City, State Zip Code

Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Alternate #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_



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The owner shall submit:

- A minimum of two complete sets of plans for review. Plans shall be drawn to scale. All prints and drawings shall be a minimum of 18 x 24 inches and a maximum size of 36 x 42 inches. Plans shall include:
  1. Plan and sectional view dimensions of both the pool and the area enclosed by the barrier fences to include the bathhouse and the equipment room and pool accessories;
  2. Specifications of all treatment equipment used and their layout in the equipment room;
  3. A piping schematic showing piping, pipe size, inlets, main drains, skimmers, gutter outlets, vacuum fittings and all other appurtenances connected to the pool-piping system;
  4. Layout of the chemical storage room; and
  5. Specifications for the water supply and wastewater disposal system that include aspects such as well location and backwash water disposal where applicable.
- Plan review fee payment of \$200.00 (for each body of water)
- Application for approval to construct or renovate a public swimming pool.

• Specification sheets submitted for:

If Applicable:

- Circulation Pump
- Filter
- Automatic Chemical Feeder
- Skimmers
- Variable Height Surface Skimmer
- Return Flow Meter
- Main Drain Covers/Grates
- Adjustable Inlets

- Pool Heater
- Slide
- Diving Equipment
- Surge Container
- Surge Container
- Water Recreation Features
- Feature Pump

**POOL** (Please indicate page number on plans for where to find this information:

Will pool be lifeguarded?  Yes  No pg #:\_\_\_

Max width of pool: \_\_\_\_\_

Number of units of life saving equipment: \_\_\_\_ Ring Buoy & Body Hook: \_\_\_\_ of each pg #:\_\_\_

Location of emergency pool phone: \_\_\_\_\_ pg #:\_\_\_

Pool surface area: \_\_\_\_\_ sq. ft pg #:\_\_\_

Pool perimeter: \_\_\_\_\_ ft pg #:\_\_\_

Volume: \_\_\_\_\_ gallons pg #:\_\_\_

Flow rate: \_\_\_\_\_ gpm pg #:\_\_\_

Turnover rate: \_\_\_\_\_ pg #:\_\_\_

Maximum User Loading for Pool: \_\_\_\_\_ pg #:\_\_\_



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### Materials of Construction:

Pool Shell: pg #: \_\_\_\_  
 Concrete     Vinyl     Gunite     Fiberglass  
 Other: \_\_\_\_\_

Pool Finish Color: \_\_\_\_\_ pg #: \_\_\_\_

Pool Surface Slip Resistant?     Yes     No    pg #: \_\_\_\_

Shallow Area Depth: \_\_\_\_\_ ft  
Pool Area <5ft deep: \_\_\_\_\_ sq. ft    Slope in <5ft deep: \_\_\_\_\_  
Pool Area >5ft deep: \_\_\_\_\_ sq. ft    Slope in >5ft deep: \_\_\_\_\_ pg #: \_\_\_\_

Number of skimmers: \_\_\_\_\_    Number of Inlets: \_\_\_\_\_ pg #: \_\_\_\_  
Skimmer Pipe Size: \_\_\_\_\_ in    Inlet Pipe Size: \_\_\_\_\_ in pg #: \_\_\_\_

Main Drain Size: \_\_\_\_\_ sq. in    Max GPM Main Drain Cover Can Handle: \_\_\_\_\_  
Main Drain Pipe Size: \_\_\_\_\_ in

Hydrotherapy Drain Size (if applicable): \_\_\_\_\_ sq. in  
Max GPM Hydrotherapy Drain Cover Can Handle: \_\_\_\_\_  
Hydrotherapy Drain Pipe Size: \_\_\_\_\_ in pg #: \_\_\_\_

Feature Drain Size (if applicable): \_\_\_\_\_ sq. in  
Max GPM Feature Drain Cover Can Handle: \_\_\_\_\_  
Feature Drain Pipe Size: \_\_\_\_\_ in  
Filter Flow Rate: \_\_\_\_\_ GPM per sq. ft of bed area pg #: \_\_\_\_

Type of Disinfection:  
 Chlorine     Bromine     Salt Water System     Biguanide

Number of ladders provided: \_\_\_\_\_    Sets of steps and handrails provided: \_\_\_\_\_

Night Time Swimming:     Yes     No    pg #: \_\_\_\_

Underwater Lighting (if provided): \_\_\_\_\_ watts/sq ft of water surface  
\_\_\_\_\_ lumens/sq ft of water surface pg #: \_\_\_\_

Deck Lighting (if provided): \_\_\_\_\_ ft-candles pg #: \_\_\_\_

Decking:  
Type: \_\_\_\_\_  
Finish: \_\_\_\_\_  
Slope: \_\_\_\_\_

Barrier Fence: pg #: \_\_\_\_  
Fence/entrance gate detail drawn on plan?     Yes     No

(skip to next section)    (Provide fence specs)



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Type: \_\_\_\_\_ Fence Height: \_\_\_\_\_ ft

Type of Release Mechanism on Access Gate(s): \_\_\_\_\_

Height of Release Mechanism on Access Gate: \_\_\_\_\_ in

**RESTROOMS AND SHOWERS:** BE SURE A SCALED DRAWING OF THE RESTROOM FACILITIES IS SUBMITTED EVEN IF THE RESTROOM FACILITIES WERE CONSTRUCTED PRIOR TO APPLICATION FOR POOL CONSTRUCTION.

Number of fixtures provided:

pg #: \_\_\_\_\_

Males

Females

Showers: \_\_\_\_\_

Showers: \_\_\_\_\_

Lavatories: \_\_\_\_\_

Lavatories: \_\_\_\_\_

Water Closets: \_\_\_\_\_

Water Closets: \_\_\_\_\_

Urinals: \_\_\_\_\_

Bench or room provided for dressing?

Yes

No

Are showers provided on the pool deck enclosure?

Yes

No

Are showers drained to sanitary sewer?

Yes

No

*Shower(s) are required so that bathers may shower before entering the pool. For use as a cleansing shower, soap must be provided and shower(s) must drain to sanitary sewer or onsite wastewater system. Extra rinse showers and foot showers may deviate from these requirements.*

*Showers are not required at hotels, motels, condominiums, and apartments. However, if the farthest unit is more than 300 ft from the pool enclosure, a toilet and sink are required.*

### **CHEMICAL AND EQUIPMENT ROOM:**

Chemical Room Dimensions: \_\_\_\_\_ w \_\_\_\_\_ l \_\_\_\_\_ h

pg #: \_\_\_\_\_

Shelf provided

Lighting

Type of ventilation:  Natural Cross Draft

Continuous Forced

Vented away from pool

### **CALCULATIONS:**

POOL PERIMETER:

SURFACE AREA:

VOLUME (in gallons):

FLOW RATE (gpm):

TURNOVER RATE:

BATHER LOAD:



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## **RESPONSIBILITY:**

**The Department** shall approve, disapprove or provide written comments on plans and specifications for public swimming pools within 30 days of their receipt. If such action is not taken within 30 days, the plans and specifications are deemed approved. If construction is not initiated within one year from the date of approval, the approval is void.

**The Swimming Pool Contractor** shall contact the local health department when pool pipes are in place and visible so that the local health department may conduct an open-pipe inspection of the pool piping.

Upon completion of construction, the contractor shall notify the local health department and the owner. The contractor shall provide the owner with a complete set of drawings, which show built, the location of all pipes and the connections of all equipment and written operating instructions for all equipment.

Prior to issuances of the operation permit, The Owner shall submit to the local health department a statement signed by a registered design professional stating that construction is complete and in accordance with approved plans and specification and approved modifications.

Omissions or non-compliance with the .2500 NC Public Swimming Pool Rules will result in plans being disapproved.

No construction shall be initiated until plans are approved. If construction is not initiated within one year after plan approval, the approval is void.

Any deviation from approved plans without prior approval from the Department will void approval.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner