



Madison County Health Department

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APPLICATION FOR APPROVAL TO CONSTRUCT OR RENOVATE A PUBLIC SWIMMING POOL

Name of Facility: _____

Address of Facility: _____
Street City Zip Code

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 (April 1-October 31)

Water Supply: Community Well

Sewage Disposal: Community Onsite System

Pool overflow and backwash to: _____

Owner: _____

Mailing Address: _____
Street City, State Zip Code

Phone Number: _____ - _____ - _____ Email: _____

Alternate #: _____ - _____ - _____

Pool Contractor: _____

Address of Contractor: _____
Street City, State Zip Code

Phone Number: _____ - _____ - _____ Email: _____

Alternate #: _____ - _____ - _____

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

Engineer: _____

Address of Engineer: _____
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 (GC): _____

Address of GC: _____

Phone Number: _____ - _____ - _____ Email: _____

Alternate #: _____ - _____ - _____

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 systems 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.

- | | |
|--|--|
| • <u>Specification documents submitted for:</u> | <u>If Applicable:</u> |
| <input type="checkbox"/> Circulation Pump | <input type="checkbox"/> Pool Heater |
| <input type="checkbox"/> Filter | <input type="checkbox"/> Slide |
| <input type="checkbox"/> Automatic Chemical Feeder | <input type="checkbox"/> Diving equipment |
| <input type="checkbox"/> Skimmers | <input type="checkbox"/> Surge Container |
| <input type="checkbox"/> Variable Height Surface Skimmer | |
| <input type="checkbox"/> Return Flow Meter | <input type="checkbox"/> Water Recreation Features |
| <input type="checkbox"/> Main Drain Covers/Grates | <input type="checkbox"/> Feature Pump |
| <input type="checkbox"/> Adjustable Inlets | |

POOL (Please indicate page numbers on plans on 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 #: _____

Materials of Construction:

Pool Shell: Concrete Vinyl Gunite Fiberglass
 Other: _____ pg #: _____

Pool Finish Color: _____ pg #: _____

Pool Surface Finish Slip Resistant? Yes No pg #: _____

Shallow Area Depth: _____ ft

Pool Area <5 ft deep: _____ sq. ft Slope in <5 ft deep: _____

Pool Area >5 ft deep: _____ sq. ft Slope in >5 ft deep: _____ pg #: _____

Number of Skimmers: _____

Number of Inlets: _____

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 pg #: _____

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: pg #: _____

Type: _____

Finish: _____

Slope: _____

Barrier Fence: pg #: _____
Fence/entrance gate detail drawn on plan? Yes (skip to next section)
 No (provide fence schematic)

Type: _____ Fence Height: _____ ft
Type of Release Mechanism on Access Gate(s): _____
Height of Release Mechanism on Access Gate(s): _____ in

RESTROOMS AND SHOWERS: BE SURE A SCALED DRAWING OF THE RESTROOM FACILITES IS SUBMITTED EVEN IF THE RESTROOM FACILITES 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: _____ width _____ length _____ height pg #: _____
 Shelf provided
 Lighting

Type of Ventilation: Natural Cross Draft Continuous Forced
 Vented away from pool

Equipment Room Dimensions: _____ width _____ length _____ height pg #: _____
 Lighting
 Floor drain to sanitary sewer
 Floor sloped not less than ¼ inch to drain

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:

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