



TOE RIVER HEALTH DISTRICT
 Avery, Mitchell, & Yancey County
 Health Departments



Lynda Kinnane, MPH
 Health Director

Charles Baker, MD & Frank Craig, MD
 Medical Directors

Dr. Marvin E. Walker, OD
 Chair, Board of Health

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:

Swimming Pool Spa/Hot Tub Wading Pool Special Purpose or Therapy Pool
 Water Recreation Attraction (please specify): _____

Community Served (please check all that apply):

Fitness/Athletic Swim Club Spa Institution Hotel/Motel
 Subdivision/Apartment Complex 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 #: ____ - ____ - ____

Contractor: _____

Address of Contractor: _____

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: _____

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

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 \$300.00
- Application for approval to construct or renovate a public swimming pool.

Specification documents submitted for:

- Circulation Pump
- Filter
- Automatic Chemical Feeder
- Skimmers
- Equalizer Suction Outlet Cover
- Return Flow Meter
- Main Drain Covers/Grates
- Adjustable Inlets

If Applicable:

- Pool Heater
- Slide
- Diving equipment
- Surge Container
- Variable Height Surface Skimmer
- Water Recreation Features
- Feature Pump

POOL SPECIFICATIONS

Will pool be lifeguarded? Yes No

Number of units of life saving equipment: Ring Buoy & Body Hook: _____ of each

Location of emergency pool phone: _____

Pool Surface Area: _____sq. ft

Pool Perimeter: _____ft

Volume: _____gallons

Turnover Rate: _____GPM

Maximum User Loading for Pool: _____

Materials of Construction:

Pool Shell: Concrete Vinyl Gunite Fiberglass
 Other: _____

Pool Finish Color: _____

Pool Surface Finish Slip Resistant? Yes No

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: _____

Number of Skimmers: _____

Number of Inlets: _____

Skimmer Pipe Size: _____in

Inlet Pipe Size: _____in

Max GPM Equalizer Cover Can Handle: _____

Main Drain Size: _____sq. in

Max GPM Main Drain Cover Can Handle: _____

Main Drain Pipe Size: _____in

Hydrotherapy Drain Size (if available) : _____sq. in

Max GPM Hydrotherapy Drain Cover Can Handle: _____

Hydrotherapy Drain Pipe Size: _____in

Feature Drain Size (if available): _____sq. in

Max GPM Feature Drain Cover Can Handle: _____

Feature Drain Pipe Size: _____in

Filter Flow Rate: _____GPM per sq. ft of bed area

Type of Disinfection: Chlorine Bromine Salt Water System Biguanide

Number of ladders provided: _____ Sets of steps and handrails provided: _____

Night Time Swimming: Yes No

Underwater Lighting (if provided): _____watts/sq. ft of water surface
_____lumens/sq. ft of water surface

Deck Lighting (if provided): _____ft-candles

Decking:

Type: _____

Finish: _____

Slope: _____

Barrier Fence:

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:

Number of fixtures provided:

Males

Showers: _____

Lavatories: _____

Water Closets: _____

Urinals: _____

Females

Showers: _____

Lavatories: _____

Water Closets: _____

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.

CHEMICAL AND EQUIPMENT ROOM:

Chemical Room Dimensions: _____ width _____ length _____ height

Shelf provided Lighting

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

Equipment Room Dimensions: _____ width _____ length _____ height

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 (ft):

SURFACE AREA (ft²):

VOLUME (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