



RICHMOND COUNTY HEALTH DEPARTMENT

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North Carolina
Public Health

APPLICATION FOR APPROVAL TO CONSTRUCT OR RENOVATE A PUBLIC SWIMMING POOL

The intent of this application is to provide information in addition to the plans regarding the operational procedures of the facility.

Rules Governing Swimming Pools (15A NCAC 18A .2500) require that plans be submitted for approval prior to construction. Plans must be submitted with the necessary paperwork (see checklist below) to the Richmond County Health Department.

Submittal Checklist:

- _____ A set of plans for review must be submitted. 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.
- _____ 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.
- _____ Specifications of all treatment equipment used and their layout in the equipment room.
- _____ 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.
- _____ Layout of the chemical storage room.
- _____ Specifications for the water supply and wastewater disposal systems.
- _____ This 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 as built, the location of all pipes and the connections of all equipment and written operating instructions for all equipment.
- _____ Prior to issuance 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 specifications and approved modifications. Observation of construction and a final inspection for design compliance by the certifying registered design professional or his representative are required for this statement.

Type of Plan Review:

New Construction

Remodel

1. Name of Facility: _____

2. Facility Location: _____ City: _____ Zip: _____

(street address)

3. Name of Owner: _____

4. Address of Owner: _____

5. Phone: _____

6. Name of Contractor : _____

7. Address of Contractor: _____

8. Phone: _____

9. Type of Pool:

Swimming Pool Spa/Hot Tub Wading Pool

Special Purpose or Therapy Pool

Water Recreation Attraction (please specify): _____

Wading Pool

10. Type of Pool:

Indoor

Outdoor Year

11. Will Pool be a year round pool? _____

12. Water Supply: Community Well

13. Sewage Disposal: Community Onsite System

14. Where will pool overflow and backwash to: _____

15. Will pool have a lifeguarded? Yes No

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

17. Location of required signage: _____

18. Location of emergency pool phone: _____

19. Pool Surface Area: _____sq. ft.

20. Pool Perimeter: _____ft.

21. Volume: _____gallons
22. Turnover Rate: _____GPM
23. Maximum User Loading for Pool: _____
24. Backwash wastewater location: _____
25. Materials of Construction:
- Pool Shell: Concrete Vinyl Gunite Fiberglass
- Other: _____
26. Pool Finish Color: _____
27. Pool Surface Finish Slip Resistant? Yes No
28. Shallow Area Depth: _____ft.
29. Pool Area <5 ft. deep: _____sq. ft. Slope in <5 ft. deep: _____
30. Pool Area >5 ft. deep: _____sq. ft. Slope in >5 ft. deep: _____
31. Number of Skimmers: _____ Number of Inlets: _____
32. Skimmer Pipe Size _____ in
33. Inlet Pipe Size _____ in
34. Max GPM Equalizer Cover can handle _____
35. Main Drain Size _____ sq. in
36. Max GPM Main Drain can handle _____
37. Main Drain Pipe Size: _____in
38. Hydrotherapy Drain Size (if available) : _____ sq. in
39. Max GPM Hydrotherapy Drain Cover Can Handle: _____
40. Hydrotherapy Drain Pipe Size: _____in
41. Feature Drain Size (if available): _____sq. in
42. Max GPM Feature Drain Cover Can Handle: _____
43. Feature Drain Pipe Size: _____in
44. Filter Flow Rate: _____ GPM per sq. ft. of bed area
45. Type of Disinfection:
- Chlorine Bromine Salt Water System
46. Number of ladders provided: _____ Sets of steps and handrails provided: _____

47. Night Time Swimming: Yes No

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

49. Deck Lighting (if provided): _____ ft.-candles

50. Decking:

Type: _____

Finish: _____

Slope: _____

51. Barrier Fence:

Fence/entrance gate detail drawn on plan? Yes (skip to next section)

No (provide fence schematic)

Type: _____ Fence Height: _____ ft.

Does the fence/gate open away from the pool area? Yes No

Type of Release Mechanism on Access Gate(s): _____

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

52. RESTROOMS AND SHOWERS:

Number of fixtures provided:

Showers: _____

Lavatories: _____

Toilets: _____

Urinals: _____

Are benches or room provided for dressing? Yes No

Does the pool deck enclosure have showers? Yes No

Where do showers drain? _____

53. CHEMICAL AND EQUIPMENT ROOM:

Chemical Room Dimensions: _____ width _____ length _____ height

Shelf provided for chemicals? Yes No

Lighting provided? Yes No

