



JOHNSON COUNTY ENVIRONMENTAL DEPARTMENT
Sanitation Division
CONSTRUCTION AND REMODELING APPLICATION FOR
WATER RECREATION POOL AND SPA FACILITIES

This checklist is provided to facilitate department plan review of pool or spa facilities. Please provide all information requested and complete the appropriate section for the pool or spa facility design. Note: You must complete a separate application for each pool, spa or wading pool. Make photocopies of this form, if necessary. **Incomplete or incorrect forms will be returned to the submitting party.**

I. Applicant _____ Phone _____

Address _____ City _____ State _____ Zip _____

Pool Name _____

Pool Address _____ City _____ State _____ Zip _____

Fee Schedule

The following table includes the fees that must accompany this application.

| | |
|---------------|----------|
| Seasonal Pool | \$253.00 |
| Indoor Pool | \$302.50 |
| Whirlpool | \$148.50 |

Plans and specifications are to be submitted by the design engineer or architect with their cover letter and be stamped with their seal. Plans are to be drawn to scale in sufficient detail to illustrate construction. Plans shall include:

- II. **POOL AND SPA DESIGN PLANS** (Drawn to scale, at least 18" x 24", but not larger than 36" x 42")
1. One vicinity sketch noting pool or spa in relation to surrounding area and facilities.
 2. Both plan and cross sectional views of the pool or spa. Cross sectional view should provide information on the radius of curvature of the pool or spa at shallow, breakpoint and deep ends.
 3. Detailed view of the equipment room and equipment within it noting sufficient room is provided to access equipment for proper operation and maintenance.
 4. Dimensional drawings of pool or spa bottom and sidewalls.
 5. Specifications on required equipment components.
 6. Piping schematic showing piping, pipe size, gauges, meters, inlets, main drains, overflow channel or skimmers, vacuum fittings and all other appurtenances connected to the pool or spa piping system.
 7. Details on barrier construction.
 8. Details on decking dimensions noting slope direction and location of drains.
 9. Layout of chemical storage room.
 10. Water supply and wastewater disposal specifications.

Please check all of the following that describe the facility type:

- | | | |
|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> Outdoor | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Modification | <input type="checkbox"/> Indoor | <input type="checkbox"/> Spa |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Combination | <input type="checkbox"/> Wading Pool |
| <input type="checkbox"/> Other: _____ | | |

Please check box for type of pool:

- Subdivision Number of houses or units _____
- Public
- Apartment

III. **CONTRACTOR'S INFORMATION**

Contractor's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Design engineer or architect name _____ Phone _____

Address _____ City _____ State _____ Zip _____

IV. **SPECIFIC SWIMMING POOL OR SPA DESIGN CHARACTERISTICS**

Shape: Rectangular Square Oval Kidney Circular L-shaped Free form

Dimensions: Length _____ Width _____ Diameter _____

Pool Depth Range: Shallow _____ Deep _____ Avg. Depth _____

Total Surface Area:

Square feet surface area in water less than or equal to 5 ft. deep _____ square feet.

Square feet surface area in water greater than 5 ft. deep _____ square feet.

Total Water Capacity: _____ gallons.

Surface construction material: Painted concrete Plaster Fiberglass Painted metal
 Vinyl liner Other (please specify):

What is the color of the pool surface? _____

Pool floor slopes and side walls:

Are the pool floor slopes provided in the plans? Yes No

shallow depth to 5 feet (1:10 is maximum acceptable slope)

shallow depth to greater than 5 feet (1:3 is maximum acceptable slope)

Note: Must provide cross-section of pool(s).

Are the radius curvatures of the pool side walls noted on the shallow, breakpoint and deep ends of the pool?

Yes No N/A

Diving Boards, Slides and Decking:

Does this pool provide boards, platforms, or have deep areas intended for diving? Yes No

If provided, plans must show exact location of board(s) and specific information relating to diving board safety (e.g., water depth, width of pool in diving area(s), height of board(s), etc.)

Decking construction material: _____ Type of non-slip finish provided:

Is slope of deck drainage noted on plans? Yes No If not, note rate of slope _____/ft. (min. 1/4"/ft., max. 3/8"/ft.)

Disinfection Feeding Equipment:

Note model number & type of disinfection feeding equipment to be installed:

Attach schematic from the manufacturer showing chemical feed rate and the quantity of water the feeder is designed to treat.

Filtration System:

Note: Must attach schematic of filter showing all filter specifics.

1. Type of filter media to be used (sand, diatomaceous earth, or cartridge):
2. Make and model number of filter(s) and total number of units:
3. Total square footage of filter surface area: _____ square feet

Pump System:

1. Will the pump(s) be located before or after the filter(s)?
2. Make and model number of the pump(s) and total number of units:
3. Planned total pump capacity (include total sum off all units): _____ gpm @ _____ feet of Total Dynamic Head.
4. Planned Turnover Rate: _____ For POOL use – [(Total Water Capacity in gallons) ÷ (#3 gpm X 60minutes)]
_____ For SPA use – [(Total Water Capacity in gallons) ÷ (#3 gpm X 60minutes)]
5. Planned Filtration Rate: _____ gpm/sq. ft. of Filter Surface Area – [(#3 gpm) ÷ (total square footage of filter surface area)]

If using gas chlorine:

1. Plans must note location of separate sealed room, with door opening to out-of-doors on plans. Note prevailing wind direction in relation to the pool facility (including air intake structures for buildings) and surrounding area.
2. Provide appropriate signage on door.
3. Mechanical exhaust provides how many air changes per minute? _____
Total cubic feet in gas chlorine room? _____
4. Note type and location of breathing protection (self-contained breathing apparatus).
5. Vacuum injection chlorine systems, with vacuum-actuated cylinder regulators, integral backflow and anti-siphon protection at the injector.
6. Taring scales, means for automatic shutoff when pool flow is interrupted, means to store cylinders securely, valve-stem cylinder wrench on cylinders, note size of cylinders to be used.

Chemical feeders: Are feeders provided for controlling pH? Yes No

If yes, include details below on what is used:

Heaters: Is a heater used for the pool? Yes No

If yes, note make and model number:

Note: Include a schematic on what is used.

Ventilation: Submit specifications on indoor pools, specify facility will be installed in accordance to ASHRAE standards for pool facilities.

Testing equipment: Provide information on type of testing equipment provided in conjunction with water quality and chemistry control of pool water. DPD kits are mandatory. Chemical automation is recommended.

Chemical storage: Provide information on placement of chemicals to ensure storage is in conjunction with manufacturer's recommendations and Johnson County Environmental Sanitary Code. Storage must protect pool chemicals against direct sunlight, excessive heat and moisture. Storage areas must be locked, when not in use.

Lighting:

1. If area lighting is provided around the pool & deck, furnish information on location of light fixtures on the plans and include total wattage below:
2. In facilities with locker rooms and walkway areas, note protective shielding provided on lights.
3. Note emergency lighting specifications on indoor pool facilities.

Emergency equipment (Note equipment provided):

- Phone or other emergency medical service response means.
- First Aid Kit.
- Backboard (where required).
- Shepard's Crook.
- Throwing buoy with a 60-foot line attached.
- Other: _____.

Lifeguard chairs: (where required)

Signs: Note provisions to provide signage in accordance to regulation. Providing a copy of the proposed language is desired (i.e. pool rules, hygiene, warning signs, etc.).

Food service: If provided, plans must include location of food service in relation to pool. Food establishment plans must be approved by Johnson County Environmental Department.

Barrier Protection:

Note minimum barrier height _____ (feet, inches). *Minimum barrier height is 5 feet (60 inches).*

Note type of construction of barrier with information on maximum opening widths to prevent means of access. Height to access latch is _____ inches. All gates or doors must be designed for self-closing and self-latching. All gates or doors must be equipped with locks to prevent access during maintenance and periods of non-use.

Restrooms, locker rooms & plumbing fixtures: (Not required for semi-public pools)

1. Note location and size of locker room.
2. Note provisions to prevent water temperature in showers from exceeding 110°F.
3. Note location of drains within facility and type of non-slip surface on floor.
4. Write the number of plumbing fixtures provided in the table below.

| | Male | Female |
|--------------|------|--------|
| Toilets | | |
| Laboratories | | |
| Shower Heads | | |
| Urinals | | |