

# APPALACHIAN DISTRICT HEALTH DEPARTMENT

## Alleghany County

157 Health Services Rd  
P.O. Box 309 (mailing)  
Sparta, NC 28675  
336-372-8813 (phone)  
336-372-7793 (fax)

## Ashe County

316 Cherry Dr  
P.O. Box 208 (mailing)  
Jefferson, NC 28640  
336-246-3356 (phone)  
336-846-1039 (fax)

## Watauga County

126 Poplar Grove Connector  
Boone, NC 28607  
828-264-4995 (phone)  
828-264-4997 (fax)

[www.apphealth.com](http://www.apphealth.com)

## SWIMMING POOL PLAN REVIEW APPLICATION

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

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

### Type of Plan Review:

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

Anticipated date of construction commencement: \_\_\_\_\_

### Type of Pool:

☐ Swimming Pool ☐ Spa/Hot Tub ☐ Wading Pool ☐ Training Pool  
☐ Water Recreation Attraction (*please specify*): \_\_\_\_\_

How many other pools or spas will be located in facility? \_\_\_\_\_

### Community Served (*please check all that apply*):

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

Water Supply: ☐ Community ☐ Well Sewage Disposal: ☐ Community ☐ Onsite System

**Name of Owner:** \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Name of Contractor:** \_\_\_\_\_

Address of Contractor: \_\_\_\_\_  
Street City, State Zip Code

Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

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

**Name of Engineer:** \_\_\_\_\_

Address of Engineer: \_\_\_\_\_  
Street City, State Zip Code

Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

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

## **POOL**

Will pool be open Year Round ☐ **OR** Seasonal (April 1<sup>st</sup> thru October 31<sup>st</sup>) ☐?

What will pool hours be \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm?

Will pool be lifeguarded? Yes ☐ No ☐

Will pool have gate attendants? Yes ☐ No ☐

Pool Surface Area: \_\_\_\_\_ sq. ft  
Volume: \_\_\_\_\_ gallons

Pool Perimeter: \_\_\_\_\_ ft  
Turnover Rate: \_\_\_\_\_ GPM

Shallow Area Depth: \_\_\_\_\_ ft  
Pool Area <5 ft deep: \_\_\_\_\_ sq. ft  
Pool Area >5 ft deep: \_\_\_\_\_ sq. ft

Slope in <5 ft deep: \_\_\_\_\_  
Slope in >5 ft deep: \_\_\_\_\_

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

Number of skimmers: \_\_\_\_\_  
Skimmer pipe size: \_\_\_\_\_ in  
Max GPM Equalizer Cover Can Handle: \_\_\_\_\_

Number of inlets: \_\_\_\_\_  
Inlet pipe size: \_\_\_\_\_ in

Main Drain Size: \_\_\_\_\_ sq. in  
Main Drain Pipe Size: \_\_\_\_\_ in

Max GPM Main Drain Cover Can Handle: \_\_\_\_\_

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  
Filter Type: Sand ☐ Diatomaceous Earth ☐ Cartridge ☐

Type of Disinfection: Chlorine ☐ Bromine ☐ Salt Water System ☐ Biguanide ☐

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

Underwater lighting (if provided): \_\_\_\_\_ watts/sq. ft of water surface \_\_\_\_\_ lumens/sq. ft of water surface

Deck lighting: \_\_\_\_\_ ft candles

Decking Material: \_\_\_\_\_  
Deck Width: \_\_\_\_\_ ft

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

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

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

**RESTROOMS AND SHOWERS:**

Expected number of users for entire facility (include the other pools, spas, wading pools, water recreation attractions): \_\_\_\_\_ Males \_\_\_\_\_ Females

Number of fixtures provided:

Males

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

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

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

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

Females

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

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

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

Will any showers be provided in pool enclosure? Yes ☐ No ☐ If yes, how many: \_\_\_\_\_

**CHEMICAL AND EQUIPMENT ROOM:**

Chemical Room Dimensions: \_\_\_\_\_ width \_\_\_\_\_ length \_\_\_\_\_ height

Equipment Room Dimensions: \_\_\_\_\_ width \_\_\_\_\_ length \_\_\_\_\_ height

Type of Ventilation:

Equipment Room ☐ Natural Cross Draft ☐ Continuous Forced

Chemical Room ☐ Natural Cross Draft ☐ Continuous Forced

Indoor Pool Enclosure: \_\_\_\_\_

**THE FOLLOWING MUST BE SUBMITTED ALONG WITH THIS APPLICATION:**

- Site layout
- Restroom layout
- Equipment Room Schematic
- Equipment Spec Sheets (pumps, filters, chlorinators, suction outlet covers, skimmers)
- Pool Piping Plan
- Mechanical and Lighting Plan for pool area, equipment room, chemical room, and restrooms.
- **\$400 Plan Review Fee**
- Surface view of pool
- Cross-section of pool
- Chemical Room Schematic

**PLEASE INITIAL THE FOLLOWING TO SHOW THAT YOU UNDERSTAND:**

\_\_\_\_\_ **COMPLETE PLANS MUST BE SUBMITTED TO THE HEALTH DEPARTMENT. 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, THEN APPROVAL IS VOID.**

\_\_\_\_\_ **PLAN REVIEW FEE INCLUDES 4 CONSTRUCTION VISITS. IF MORE THAN 4 VISITS ARE REQUIRED TO ISSUE A PERMIT, THEN A \$50 FEE WILL BE CHARGED PER VISIT.**

\_\_\_\_\_ **ANY DEVIATION FROM APPROVED PLANS WITHOUT PRIOR APPROVAL FROM APPALACHIAN DISTRICT HEALTH DEPARTMENT MAY NULLIFY APPROVAL.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_