**Plan Submittal Form**

**Water Recreation Facility Construction Permit**

Plan submittals must include this form, plans (in sufficient detail and drawn to scale) with engineer or architect seal and signature (engineer/architect must be licensed in Washington state), and specifications, submitted electronically to **WaterRecreation@doh.wa.gov** with the following information:

1. Overall sketch of the pool or feature in relation to surrounding facilities in the area.
2. One or more plan views of the pool.
3. One or more cross-sections of the pool through the main drain.
4. Field-built sumps must include scale drawings prepared and stamped by an engineer or architect.
5. Detailed view of equipment layout and mechanical and chemical storage rooms.
6. Pipe schematic showing pipe configuration, pipe size, valves, inlets, main drains, overflow outlets, make-up water, and backwash from the filter.
7. Dimensional drawings of pool bottom and sidewalls.
8. Deck and walking surfaces details demonstrating well drained non-slip surface.
9. Barrier protections (such as fencing), noting barrier height, construction of horizontal and vertical members, and protections to ensure barrier is not compromised from surrounding outside features.
10. Specifications and cut sheets for all required components (pumps, filters, disinfectant feeders, skimmers, inlets, drains, flow meters, mechanical ventilation, lighting fixtures). Provide specification sheets and installation instructions for all suction outlet covers and prefabricated sumps.
11. Other information requested by the Department of Health.
12. Details described in applicable Plan Details (see [www.doh.wa.gov/WaterRecRules](http://www.doh.wa.gov/WaterRecRules)) and the Construction Certification Form (see pages 2, 3, and 4).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Facility** | | | | |
| |  |  | | --- | --- | | Facility Name: | Contact Name: | | | | | |
| Physical Address:        County Assessor Parcel Number (If no address is listed): | | City:      , WA | | ZIP: |
| Phone: | Email: | | Fax: | |
| **Owner** (must provide owner’s contact name for approval documents) | | | | |
| Contact Name: | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Address: | City: | State: | ZIP: | | | | | |
| Phone: | Email: | | Fax: | |
| **Engineer or Architect** (engineer/architect must be licensed in Washington State) | | | | |
| Contact Name: | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Address: | City: | State: | ZIP: | | | | | |
| Phone: | Email: | | Fax: | |

|  |  |  |
| --- | --- | --- |
| **Building Contractor** | | |
| Contact Name: | | |
| |  |  |  |  | | --- | --- | --- | --- | | Address: | City: | State: | ZIP: | | | |
| Phone: | Email: | Fax: |
| **Local Building and Health Departments** | | |
| Name of Local **Building Department** Reviewing Construction Plans: | | |
| Name of Local **Health Department** Issuing Operating Permit(s): | | |
| **Water and Sewer Systems** | | |
| Name of the Public Water System Used to Fill the Pool:  **Provide Water Availability Letter or other documentation demonstrating approved water.** | | |
| Name of the Sewer District Used to Dispose of Wastewater from Plumbing Fixtures and Pool:  **Provide Sewer Availability Letter or other documentation demonstrating approved sewer.** | | |

***Note:* Incomplete submittals will delay processing.**

**Construction Certification Form**

**Water Recreation Facility Construction Permit**

**A professional engineer or architect** must provide this Construction Certification Form with water recreation facility plans.This form is intended for both new construction and modification of an existing facility. For a modification of an existing facility, provide all relevant information as applicable. Write N/A if not applicable.

|  |  |  |  |
| --- | --- | --- | --- |
| **Engineer or Architect** *(engineer/architect must be licensed in Washington State)* | | | |
| Company Name: | | Engineer or Architect Name: | |
| Address: | | | |
| Phone: | Email: | | Fax: |

|  |  |  |
| --- | --- | --- |
| I, |  | , the undersigned licensed professional engineer or architect, have |
| examined the plans/blueprints and specifications for the water recreation facility(s) to be constructed at: | | |

|  |
| --- |
| Project Name: |
| Project Address: |
| *Submitted to me by:* |
| Pool Builder’s Name: |
| Builder’s Address: |
| Phone: |
| Fax: |
| *and* |
| Owner’s Name: |
| Phone: |
| Fax: |

**Construction Certification Form - Calculations**

Note: Print a copy of this page and provide the calculations for each pool, spa, wading pool, and splash pool you have.

Select water recreation facility type:  Pool  Spa  Wading Pool  Splash Pool  Other, describe:

Select the location of the Water Recreation Facility:  Indoor  Outdoor

Is this a general use facility or limited use facility? See [WAC 246-260-010](https://app.leg.wa.gov/wac/default.aspx?cite=246-260-010)(34) and (46):  General Use  Limited Use

Is this pool open after dusk and before dawn?  Yes  No

Pool surface material:

Pool Surface color:

**Calculations and Design Values**

Pool volume:       gallons

Turnover rate:       hours

Normal flow rate with clean filter:       gallons per minute

Flow rate with dirty filter:       gallons per minute

Therapy jet flow rate (if applicable):       gallons per minute

Total dynamic head (filter recirculation flow):       feet of head (at the above stated normal flow rate)

Total dynamic head (therapy jet flow if applicable):       feet of head

Percentage of the total filter recirculation flow directed through overflow outlets:       % (minimum of 60% is required)

Expected vacuum reading immediately upstream from the pump (clean filter):       inch hg

Expected pressure reading immediately downstream from the pump (clean filter):       psi

Maximum velocity in suction lines at design flow:       feet per second (6 fps maximum required)

Maximum velocity in return lines at design flow:       feet per second (8 fps to 10 fps maximum recommended)

Variable speed pumps are preset between       rpm and       rpm with pool operator not having access to alter the setting.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Filter model: | |  | | | | | | | | Filter area: | |  | square feet | | | |
| Pump hp: |  | | | Pump model: | | |  | | | | | | | |  | |
| Disinfectant feeder: | | |  | | | and | |  | | Anticipated daily peak demand: | | | |  | | lbs. available chlorine per day |
| Other chemical feeders: | | | | |  | | | | and | |  | | | | |  |

**Main Drain Covers**

Main drain cover manufacturer/model:

Main drain cover open area:       square inches

Main drain cover approved flow rate (stamped on cover by manufacturer):       gallons per minute

Number of main drains installed in this pool:

Maximum flow velocity through the remaining drain cover(s) with one main drain completely blocked assuming 100% of the pump flow:       feet per second

**Chemical Storage Space**

State what types of pool chemicals will be used and the anticipated maximum quantity of each chemical stored at the facility. This includes disinfectants, shock agents, pH adjustment agents, algaecides, cleaning products, and all other pool and spa related chemicals stored at this facility.

|  |  |  |  |
| --- | --- | --- | --- |
| Chemical Name: |  | Quantity: |  |
| Chemical Name: |  | Quantity: |  |
| Chemical Name: |  | Quantity: |  |
| Chemical Name: |  | Quantity: |  |
| Chemical Name: |  | Quantity: |  |
| Chemical Name: |  | Quantity: |  |
| Chemical Name: |  | Quantity: |  |
| Chemical Name: |  | Quantity: |  |
| Chemical Name: |  | Quantity: |  |
| Chemical Name: |  | Quantity: |  |

Will there be adequate space at the facility to store all pool chemicals properly according to WAC 246-260-031(14)?

Yes  No

Installation of suction systems, including sumps and covers/grates shall be ASME/ANSI A112.19.8 - 2007 or successor standard approved, have a minimum of three (3’) feet separation and do not exceed the approved flow rate in GPM or FPS, and meet the requirements of the Virginia Graeme Baker Law for remodeled and newly constructed pools as well as Washington State Code.

I certify that the submitted plans/blueprints and specifications for the above described swimming pool(s) and/or spa(s) and/or other water/play features and associated facilities meet or exceed the requirements detailed in the Washington Administrative Code 246-260 and/or 246-262 found at [www.doh.wa.gov/WaterRecRules](http://www.doh.wa.gov/WaterRecRules). Furthermore, I certify the accuracy of the calculations that I am providing.

**Engineer or Architect Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Engineer or Architect Seal:

**Date of Certification:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711

(Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).