



Southwest District Health

Environmental Health Services
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SWIMMING POOL PLAN REVIEW CHECK LIST

Please fill out form completely or mark not applicable (N/A). Also, check each parentheses () as completed, as these items are not optional. The large parentheses [] are for Southwest District Health use.

I. Administrative Information

A. Project name and location _____

Address _____ City _____
State _____ Zip _____ Phone _____

B. Engineering/Architectural Firm _____
Address _____ City _____
State _____ Zip _____ Phone _____

General Pool Contractor _____
Address _____ City _____
State _____ Zip _____ Phone _____

C. Owner's name _____

Address _____ City _____
State _____ Zip _____ Phone _____

D. Owner's name _____

Address _____ City _____
State _____ Zip _____ Phone _____

E. Plans signed, dated, and stamped. ()

F. Concurrent approval is being obtained from SWDH () including development of an O & M Manual ().

G. Type of pool: Type A () Type B ()
Wading pool proposed ()

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II. Design Data

Note: Final is for final inspection, and P.R. is for plan review by reviewing agencies.

Final P.R.

- [] [] Pool surface area _____ square feet
- [] [] Perimeter _____ feet
- [] [] Pool volume _____ gallons
- [] [] Deck area _____ square feet (excluding pool area)
- [] [] Filtration rate at six-hour turnover _____ gpm; at eight-hour turnover _____ gpm.
- [] [] Design loading: Maximum swimmer load _____; non-swimmer _____.

III. General Construction Information

A. Information shown on the plans and specifications to include the following items:

Final P.R.

- [] [] 1. Plot or site plans with dimensions, including area lighting, fencing, decking, spectator areas, access to pool, and any overhead wiring within fifty (50) feet of the pool. Also, include sewage systems, individual wells, and dry wells, if pertinent.
- [] [] 2. Plan and profile of pool, dimensions, schematic of recirculation, and treatment equipment, etc.
- [] [] 3. Location and detail of: inlets, skimmers, drains, vacuum connection, ladders, steps, depth markers, diving boards, life guard chair(s), bull nosed coping or hand hold, make-up water inlet, mechanical equipment (including point of chlorine application and flow meter), and other necessary details.
- [] [] 4. Location of filtration equipment and distance to pool.

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- [] [] 5. Method and place of waste water disposal and/or backwash water. If disposal is to another system (e.g., city sewer system), then certification from sewage entity is attached.
- [] [] 6. Pool deck area showing slope and width, fencing height, and type of material.
- [] [] 7. Plan of bath house showing showers, dressing rooms, toilets, urinals, basins, etc. Plans to include construction materials of floors, walls, and ceiling, in dressing rooms and toilet rooms.
- [] [] 8. Area lighting/underwater lighting.
- [] [] 9. Specification sheets identifying manufacturer and model for return inlets, life guard chairs, pumps and filters, skimmers, drains, heaters, flow meter, underwater lights, chlorinator, grab rails and recessed steps, and hand rails at steps into the pool.
- [] [] 10. Any unusual or special conditions such as slopes, hillsides, flooding potential, etc. _____
- [] [] 11. Other necessary information. _____

IV. Health and Safety

A. Lifeguards.

Final P.R.

[] [] Type A: Number needed (1/80 persons) _____

[] [] Type B: Signs provided (). Location _____

B. Lifeguard chairs.

[] [] Type A: Number needed (1/2250) ft² _____

[] [] Type B: If > 1600 ft² No. = 1/2250 ft² _____

C. Live saving equipment (indicate location).

[] [] 1. Shepherd's crook (12 ft.) or pole _____

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[] [] 2. Throwing line ($\frac{1}{2}$ " x $1\frac{1}{2}$ times maximum width of pool with knots at both ends) _____

[] [] 3. Back board which complies with American Red Cross standards.

[] [] 4. First aid kit (21-unit) _____

[] [] 5. All life saving equipment readily available, accessible, and functionally marked.

D. Signs. (Indicate location.)

[] [] 1. Safety and sanitation rules _____

[] [] 2. Emergency number posted _____

V. Pool Materials

A. Pool Structure

Final P.R.

[] [] 1. Walls and bottom material _____

[] [] 2. Corners rounded ()

[] [] 3. Finish on surface _____

4. Decks and walkways:

[] [] a. Width around pool _____ feet continuous? ()

[] [] b. Slope of deck ($\frac{1}{4}$ - $\frac{3}{8}$ inches per foot) _____

[] [] c. Surface of deck

5. Floor slopes:

[] [] a. Slope of floor in shallow (<5') area (maximum 1 foot in 12 feet)
_____ foot in _____ feet

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- [] [] b. Slope of floor in deep (>5') area (maximum 1 foot in 3 feet)
_____ foot in _____ feet
- [] [] c. Slope of safety ledge (minimum of ½" towards the pool – not
wider than 4") _____
6. Slope of sidewalls shall be either:
- [] [] a. Vertical for a water depth of six feet; () or
- [] [] b. Vertical to a depth of three feet below the water surface, and then
curved to join the bottom with a radius (R) equal to, or less than,
D-3 ()
7. Depth markers, safety rope, minimum depth, and children's area:
- [] [] a. Depth markers to be provided on the deck, and at or above the
water line on the wall of the pool, in numbers at least four inches
high. ()
- [] [] b. Markers at: maximum depth (), minimum depth ()
- [] [] c. Markers at every one foot depth under five foot depth. ()
- [] [] d. Markers at intervals of 25 feet (), diving areas ()
- [] [] e. Safety rope provided at five-foot depth break. ()
- [] [] f. Depth in shallow end must be between three feet and three feet six
inches (). Exception is for children's area. Depth in children's
area is _____.
- [] [] g. Children's area separated from main body of pool by

- [] [] h. Turnover rate in children's area _____
- [] [] i. Wading pool (), two-foot depth or less (), two-hour turnover
rate (), physically separated from swimming pool ().
8. Ladders, recessed steps, and stairs:

a. Required locations:

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[] [] 1) Shallow end. If <2 feet from the bottom of pool to deck, none are required (). If >2 feet, stairs () or ladders () are required.

[] [] 2) Deep end. Recessed steps () or ladder () is required on one side if the pool is <30 feet wide. If the pool is >30 feet, one on each side is required ()

b. Stairs:

[] [] Handrails () non-slip treads ()
Minimum tread depth of 12 inches ()
Maximum rise of 10 inches ()
No abrupt drop off ()
No submerged projections ()

[] [] c. Ladders are NSF approved ()
If not, refer to Section 1-7250.03 of the regulations ()

[] [] d. Recessed steps easily cleaned ()
Drain into the pool ()
Minimum depth of 5 inches ()
Minimum width of 14 inches ()

[] [] e. Handrails provided for all steps, step holes, stairs or ladders. ()

9. Diving Areas

[] [] a. *No Diving* signs including maximum depth of pool in six inch minimum letters. Location _____

[] [] b. Boards with proper ladders ()

[] [] c. Amount of head room _____

[] [] d. Slides provided ()

[] [] e. Diving board width _____

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[] [] f. Diving board-associated dimensions

Board height above water	Water depth at end of board	Distance ahead of board length	Water depth length distance ahead of board	Board overhang	Distance between boards and/ or walls
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[] [] g. Fill spout location _____

VI. Hydraulics- Recirculation and Filtration Equipment. Full plans to be submitted.

A. Overflow systems

Final P.R.

[] [] 1. Overflow gutter ()

[] [] 2. Surface skimmers ()

[] [] a. Need at least one per five hundred square feet of pool area ()

[] [] b. Don't interfere with each other ()

[] [] c. Have an equalizer line ()

[] [] d. Controlled by separate shut off valve ()

[] [] e. Hand hold-bull nosed coping ()

B. System

1. Pumps

[] [] a. Measurer and model _____

[] [] b. Pump size _____ Hp

[] [] c. Pump rate _____ gpm at _____ feet TDH

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- [] [] d. Hydraulic calculations to be submitted on all larger pools, and may be required on smaller pools at DEQ discretion. ()
Turn over rate in hours _____ (must not exceed six on new pool at time of inspection).
- [] [] e. Self priming () or suction piping below pool overflow level. ()
- [] [] f. Strainer provided before pump. ()
- [] [] 2. Vacuum-cleaning system ()
- [] [] a. Integral part of recirculation system ()
- [] [] b. Number of connections _____
- [] [] c. Spacing of connections _____
- [] [] d. Depth below pool surface _____ feet
- [] [] e. Length of vacuum head _____ inches
- [] [] f. What is flow per linear inch of vacuum cleaning head while operating at total pump suction of 15 feet of water _____ gpm. (Supply calculations.)
- [] [] 3. Flow Meter ()
- [] [] a. Manufacturer and model _____
- [] [] b. Flow range _____ - _____ gpm
- [] [] c. Sized + 10% anticipated flow. ()
- [] [] d. On straight pipe at least four x diameter before and ten x diameter. ()
- [] [] e. Located so easy to read. ()
- [] [] 4. Thermometer located in mixed water after heater. ()

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C. Filters

- [] [] 1. Type: Sand ()
Diatomaceous earth ()
Other _____ ()
- [] [] 2. Manufacturer _____ Model _____
- [] [] 3. Maximum flow rate _____
- [] [] 4. Sight glass provided. ()
- [] [] 5. Backwash rate _____ gpm
- [] [] 6. Dual pressure gauges required () unless NSF approved design allows for one gauge. ()
- [] [] 7. Backwash location _____

D. Return water

- [] [] 1. At least one inlet is required per 600 square feet of pool, or per 15,000 gallons. How many inlets are provided? _____ wall inlets () floor inlets () adjustable? _____ How will uniform distribution be provided? _____
- [] [] 2. Multiple inlets at shallow end. ()

E. Main drains

- [] [] 1. Located at deepest part of pool. ()
- [] [] 2. Located at proper distances. ()
- [] [] 3. Grate open area _____ square inches. Greater than four times discharge pipe area? ()
- [] [] 4. Maximum grate opening is ½ inch. ()

- [] [] 5. Main drain has a grate velocity less than one and one half feet per second. ()
- [] [] 6. The grate is removable only by a special tool. ()

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- [] [] 7. Drains controlled by separate gate valve. ()
- [] [] 8. Main drains number at least one per 50 feet width of pool. ()

F. Disinfection equipment

- [] [] 1. Type to be used _____
- [] [] 2. Manufacturer and model _____
- [] [] 3. Hypochlorite equipment adequate. ()
- [] [] 4. Disinfection will be introduced on the pressure side of the pump. ()
- [] [] 5. Chlorine feed rate _____ lbs/8 hours.
- [] [] 6. Contact DEQ and District Health Department prior to any proposal to use gas chlorine or any form of disinfection other than chlorine. Alternate proposal _____
- [] [] 7. Storage of calcium hypochlorite granules to be away from all grease and oil, and above the floor in a dry area. Storage location _____

VII. Area Requirements

A. Dressing Rooms – Number _____

Final P.R.

- [] [] 1. Floor (covering) surface _____
- [] [] 2. Wall surface _____ Ceiling _____
- [] [] 3. Lighting _____ Locker design _____

B. Toilet and shower rooms

- [] [] 1. Floor surface covering _____

[] [] 2. Wall surface _____ Ceiling _____

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	3. Restrooms	Male	Female
[] []	a. Number of water closets	_____	_____
[] []	b. Number of urinals	_____	_____
[] []	c. Number of lavatories	_____	_____
[] []	d. Number of showers	_____	_____
[] []	e. Shower water temperature	_____	_____
[] []	f. Hot water tank size _____ Recovery rate _____		

C. Visitor Area

- [] [] 1. Separated from pool ()
- [] [] 2. Height of separation _____

D. Underwater Lighting

- [] [] 1. Number of lights _____ X watts per light _____ X 18 lumens per watt ÷ pool area _____ ft.² equals _____ lumens per ft.² of pool area (need nine lumens underwater lighting per square foot of pool area).

E. Area lighting

- [] [] 1. Number of area lights _____
- [] [] 2. Number of watts or lumens per each area light _____
- [] [] 3. Location of area lighting _____
- [] [] 4. Area lighting shall provide at least ten lumens per square foot of deck area. ()
- [] [] 5. If used for night swimming, area and underwater lighting

combined shall provide at least 36 lumens per square foot of pool area. ()

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[] [] 6. Overhead wires () Horizontal distance from pool enclosure _____

[] [] 7. All lighting on grounds must meet electrical code _____

F. Fencing

[] [] 1. Type of material _____

[] [] 2. Eight foot high for type A () Four foot high for type B ()

[] [] 3. Gate (number) _____ how secured _____

[] [] 4. Fencing to be tight enough to prevent small children from climbing through (no wider than four inches between bars) (show details on plans).

VIII. Miscellaneous technical items

A. The water supply source is _____

Final P.R.

[] [] 1. If a private well, the well must be located 100 feet from all septic tanks/drain fields (), including the proper distances from any other pollution sources ().

[] [] 2. Make-up water must be provided via an acceptable air gap (); if not, then a reduced pressure back flow prevention device is required, and you must attach the certification from the water purveyor accepting the specific device proposed. ()

B. Backwash wastewater disposal

[] [] 1. Is to the _____ waste disposal system, via an acceptable air gap. ()

[] [] 2. If a dry well is proposed:

[] [] a. Present the other alternatives considered _____

[] [] b. Describe the proposal _____

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[] [] c. This proposal must also be specifically coordinated with the District Health Department. _____

C. Other

[] [] 1. A hydrostatic relief valve is provided (), or has been evaluated and is not necessary. ()

[] [] 2. All equipment is NSF approved; documentation is provided by catalog cut sheets (), standard specifications (), or common brand names ().

[] [] 3. Test kit provided that is capable of testing for free chlorine, ph and total alkalinity (), cyanurates (if stabilized chlorine is utilized) (), calcium hardness (), other _____

[] [] 4. Six inch black secchi disk provided. ()

[] [] 5. All plumbing must meet uniform plumbing codes (). The applicant or representative is responsible for contacting proper plumbing division ().

[] [] 6. Operation and Maintenance Manual (O & M Manual) to be provided to pool operator, and a copy to the District Health Department which includes:

a. Emergency procedures

b. Record keeping requirements

c. Outline for operation of:

1) Disinfection system

2) Filter system

3) Vacuum system

[] [] 7. Certificate provided by designer on the structural stability and safety of the pool (). Date provided _____

[] [] 8. For some District Health Departments, all Type A and Type B pools must be operated by an individual who has taken the swimming

pool operators course.

()

[] [] 9. Beginning construction date

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Approval of the plans and specifications does not constitute endorsement or approval of the completed facility and its equipment.

After completion of the project, the architect/engineer shall make a written certification to the Director that construction was completed in accordance with approved plans and specifications. The final inspection will not be scheduled until this is received. (Section 1-7004.03)

A final inspection must be made prior to operation of the facility. A request for inspection is to be scheduled with this office at least fifteen days prior to anticipated opening.

To the best of our knowledge, the plans and specifications are in conformance with the Rules and Regulations for Public Swimming Pools in Idaho.

Plan Review by _____
(Coordinating Architect or Engineer)

(Date)

DEQ Engineer _____

(Date)

Plan Review conducted with _____

Plans on file ()

Pool Fee \$ _____	Date _____	Receipt # _____	Initial _____
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Payment Type: Cash Check Credit Card

Plan Review Fee \$ _____ Date _____ Receipt # _____ Initial _____

Payment Type: Cash Check Credit Card