

APPLICATION FOR A PLAN REVIEW TO CONSTRUCT / ALTER AN AQUATIC VENUE

PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH POOL.
OUR OFFICE CANNOT ACCEPT ELECTRONIC FLOOR PLANS.
A HARD COPY OF THE PLANS MUST BE SUBMITTED



Marion County
OREGON
Health & Human Services

Environmental Health Division
3160 Center St NE
Salem, OR 97301
Phone (503) 588-5346
FAX (503) 566-2986
Email: EnvironmentalHealth@co.marion.or.us

I AM HEREBY MAKING APPLICATION TO CONSTRUCT/ALTER THE FOLLOWING SWIMMING POOL OR FACILITY. I UNDERSTAND THAT I MUST RECEIVE PLAN APPROVAL **PRIOR** TO PERFORMING ANY WORK ON THE PROJECT.

Facility Name			
Address/Coordinates	City	State	Zip
County	Email	Phone	

Owner Name:			
Firm			
Address	City	State	Zip
Email	Phone		

Circle One: Architect / Engineer			
Name/Firm			
Address	City	State	Zip
Email	Phone		

Pool Builder Name:			
Address	City	State	Zip
Email	Phone		

Main Point of Contact for all Communication	
To expedite the plan review and approval process, all communication will go through this person	
Name	Company
Email	Phone

Aquatic Venue Type	Review Type	Location	Operating Period
☐ Swimming Pool	(Check all that apply)	(Check all that apply)	Year-round Seasonal (months: _____)
☐ Spa Pool	☐ New Construction	☐ Indoor	
☐ Wading Pool	☐ Alteration/Renovation	☐ Outdoor	
☐ Activity Pool	☐ Other _____	☐ Other _____	
☐ Bathhouse			

FOR OFFICE USE ONLY

Fee received: _____ Receipt # _____ Inspected by: _____
Comments: _____ Approved Not Approved

DATA SHEET

The data sheet (below) must be completed for each pool. For any item that doesn't apply, list "NA". Full size plans that are drawn to scale must accompany this application.

Facility Type:

- ☐ General-use Facility (Pool open to the general public)
☐ Limited-use Facility (Pool associated with a **companion facility**, and use is limited to the guests, residents, or patrons)

Companion Facility

(Includes, but not limited to: hotels/motels, apartments, health clubs, recreation park, mobile home park, schools, organizational camps): _____

General information

Perimeter (ft): _____ Area (sq ft): _____ Gallons: _____
Recirculation System TDH: _____ (if unknown, use 60)
Hydrotherapy System TDH: _____ (if unknown, use 20)
Water Feature TDH: _____

Recirculation Pump

A pump curve (including a curve for each speed setting on variable speed pumps) must be attached with this data sheet

Manufacturer: _____ Model #: _____ HP: _____
Designed System Pump Flow (gpm): _____ (based on the TDH and pump speed)
If variable speed, maximum rpm: _____ Flow (gpm) at maximum rpm: _____
Number of pumps: _____ (information provided is for each pump)
Meets ANSI/NSF Standard 50: Y ☐ N ☐

Hydrotherapy Pump

A pump curve (including a curve for each speed setting on variable speed pumps) must be attached with this data sheet

Manufacturer: _____ Model #: _____ HP: _____
Designed System Pump Flow (gpm): _____ (based on the TDH and pump speed)
If variable speed, maximum rpm: _____ Flow (gpm) at maximum rpm: _____
Number of pumps: _____ (information provided is for each pump)
Meets ANSI/NSF Standard 50: Y ☐ N ☐

Other Pump #1

A pump curve (including a curve for each speed setting on variable speed pumps) must be attached with this data sheet

Manufacturer: _____ Model #: _____ HP: _____
Designed System Pump Flow (gpm): _____ (based on the TDH and pump speed)
If variable speed, maximum rpm: _____ Flow (gpm) at maximum rpm: _____
Number of pumps: _____ (information provided is for each pump)
Meets ANSI/NSF Standard 50: Y ☐ N ☐

Other Pump #2

A pump curve (including a curve for each speed setting on variable speed pumps) must be attached with this data sheet

Manufacturer: _____ Model #: _____ HP: _____
Designed System Pump Flow (gpm): _____ (based on the TDH and pump speed)
If variable speed, maximum rpm: _____ Flow (gpm) at maximum rpm: _____
Number of pumps: _____ (information provided is for each pump)
Meets ANSI/NSF Standard 50: Y ☐ N ☐

Piping

Type: _____ Schedule: _____ Meets ANSI/NSF Standard 14: Y ☐ N ☐
Inlets (number): _____ Fill Line (back flow prevention – type and No.): _____
Water Supply (Name): _____

Filter

Manufacturer: _____ Model No.: _____ Type: _____
Filter area (ft²): _____ Number of filters: _____ NSF Approved: Y ☐ N ☐
Backwash Disposal (select one): ☐ Public sewer ☐ Septic system ☐ Other: _____
If cartridge, where will it be cleaned: _____
If DE or similar (describe): _____
Is there a separation tank: Y ☐ N ☐
If not, describe how the media is separated, disposed of, or regenerated:

Main Drains (Recirculation)

Include a cut sheet for the fixture used

Manufacturer and Model No.: _____ Manufacture Date: _____
Is it VGBA Certified: _____ Certified Max. flow: _____ Location: _____
Open Area (in²) for each main drain: _____ Number: _____

Other Submerged Suction Fittings

Such as a separate suction system for the hydrotherapy or for water features
Include a "cut sheet" (if different than above)

Purpose: _____
Manufacturer and Model No.: _____
Is it VGB Certified: _____ Certified Max. Flow: _____ Location: _____
Open Area (in²) for each main Drain: _____ No. of Fixtures: _____

Overflow Fixtures

If skimmers are used: Make/Model: _____ Number: _____
Meets ANSI/NSF Standard 50: Y ☐ N ☐
If Gutter system is used: _____ % of pool perimeter Volume: _____
Gutter positive flow: Y ☐ N ☐ Cleaning fluids diverted to waste: Y ☐ N ☐

Surge Tank:

Dimensions (LxWxH): _____
Effective Volume: _____
Architect/Engineer Review: Y ☐ N ☐

Disinfection:

Primary: _____ Chemical Compound: _____ OHA Approved: Y ☐ N ☐
Secondary: _____ Details: _____
Automated Feeder: Make/Model _____ NSF Approved: Y ☐ N ☐
Pounds of disinfectant per 24 hours: _____

Lighting:

In-pool lighting: Watts/ft²: _____
Deck: Watts/ft²: _____

Bathhouse:

Location: _____ Furthest residence from pool: _____
Shower(s): M _____ W _____ Proximity to pool deck: _____
Toilets: M _____ W _____ Urinals: M _____ Sinks: M _____ W _____
Non-Gender: Toilets: _____ Sinks: _____ Showers: _____

Submitted herewith is pertinent information with respect to a public swimming pool or spa pool, including identical sets of plans and specifications as it is to be constructed. All sets bear my signature and registration seal. I certify that the pool, as designed, is structurally stable, safe and meets the minimum standards of Oregon Administrative Rules, Chapter 333-600-1000: Design Standards and Construction and Chapter 333-062-1000: Operation and Maintenance The correct fee for plan approval has been included.

Signature/Designer: _____ Date: _____

I attest that the above designer is submitting plans, under my direction, for public pool construction. Upon completion, I will comply with the requirements of the appropriate administrative rules governing my pool.

Signature/Owner: _____ Date _____

PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH POOL

Application fee must be submitted with all documents to begin the plan review process. Checks may be payable to "MCEH" or "Marion County Environmental Health" and mail to:

**Marion County EH
3160 Center Street NE
Salem, Oregon 97301**

OPERATING A POOL OR BATHHOUSE WITHOUT A VALID LICENSE IS A VIOLATION OF OREGON LAW.