

**ROUTT COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
Public and Semi-Public Swimming Pool, Hot Tub, and/or Spa
Specification and Plan Review Form**

Prior to the construction, extension, enlarging, remodeling, or modification of any public or semi-public swimming pool, wading pool, hot tub or spa, the owner or his authorized representative is required to submit the following information to the Routt County Environmental Health Department. Routt County Environmental Health reserves the right to request any additional information considered necessary for review completion.

The criteria used in evaluating plans and specifications for swimming pools and spas are based on the State of Colorado Swimming Pool and Mineral Bath Regulations. Copies of these regulations are available from the Routt County Environmental Health Department. Should you have any questions regarding this form, visit us at 136 6th Street in Steamboat Springs, Colorado or call us at (970) 870-5588. **Prior to our review, a \$200.00 plan review fee shall be required.**

	Name	Address	Phone
Pool			
Owner			
Architect			
Engineer			
Installer			

Brief description of improvements proposed: _____

Fill in all of the following blanks or use N/A if the item is inapplicable:

I. Site Plan

List the following and show details on a scaled site plan.

A. Location and shape of the swimming pool, wading pool, hot tub or spa including:

	Length (ft.)	Width (ft.)	Depth (ft.) min/max	Capacity (gallons)	Surface Area (ft.)
Pool					
Wading Pool					
Spa/Hot Tub					

- Maximum bottom slope ____ in/ft., Shape _____
- User loads: Pool _____, Wading Pool _____, Hot Tub _____
- Interior finishes (fiberglass, plaster, etc.) _____
- Location of stairs, handrails, and ladders _____
- Step height _____ (10" maximum), width _____ (12" minimum)
- Location of diving boards and distance from water _____
- Location and wattage of underwater lighting _____

B. The deck area surrounding the swimming pool or hot tub including:

1. Deck dimensions _____
2. Deck material _____
3. Minimum deck slope _____ in/ft
4. Location and wattage of deck lights _____
5. Location of electrical switches and outlets (15 ft. from edge of hot tub)
6. Location of deck drains _____
7. Location of hose bibbs _____ (back flow prevention required)
8. Minimum distance between deck and overhead obstacles _____
9. Fencing around facilities (minimum 60") _____

C. Location and schematic of the mechanical room and recirculation equipment (Attach a separate document).

D. Location of dressing rooms, toilet and shower facilities including:

1. Fixtures: Toilets _____, Showers _____, Dressing Rooms _____
(Differentiate between male and female facilities)
2. Material and finishes, floor _____, walls _____, ceiling _____
3. Minimum slope of floor to drains _____ in/ft.

E. Complete plumbing diagram from mechanical room to pool or hot tub including:

1. Scale layout of recirculation equipment and location of flow meter (on 3ft straight section of return to pool) _____
2. Min. slope of mechanical room floor (min ¼ in/ft. toward drains) _____
3. Location of inlets and outlets including skimmers _____
(One skimmer/400 sq. ft. surface area with a minimum of two skimmers on opposite ends of the pool)
4. Method of refilling _____
(No submerged or direct connections to potable water)
5. Description of makeup water supply _____
(Must meet state drinking water standards)
6. Method of wastewater (i.e. backwash) disposal _____
(No direct connections from sewer that may surcharge to mechanical room, air-gap backwash as necessary)

II. Mechanical Specifications

Provide name, model number, and other required information. Include manufacturer's specification sheets.

A. Filter

1. Type _____
2. Filter area _____ sq. ft.
3. Filtration rate _____ gpm/sq. ft.

4. Turnover rate _____
(Pool volume must be turned over in 6 hours or less, wading pools in 1 hour or less, hot tubs/spas in 30 minutes or less)

B. Pumps

1. Horsepower _____
2. Enclose pump curve from manufacturer

C. Heater (BTU) _____

D. Automatic disinfection

1. Solid chlorine/bromine _____
2. Chlorine gas _____ Meets safety requirements? ____
3. UV/peroxide _____
4. Other _____

III. Equipment and Safety Requirements

Check the following items, assuring they will be provided.

- A. Plumbing color-coded and labeled** ____
B. Equipment operation and maintenance guidelines posted ____
C. Chemical test and adjustments, records posted ____
D. Water quality test kit ____
E. Vacuum system for pools ____
F. Life ring and reach pole for pools ____
G. Precautionary signs, user guidelines ____
H. Depth markers ____

I certify that the above information is true and I understand that any changes in the above described equipment or design must be approved in advance by the Routt County Department of Environmental Health. I also understand that Environmental Health must conduct a final inspection prior to the opening of the facility.

Owner Date Architect or Installer Date

Submittal complete **Environmental Health Approval** **Date**
