

CLACKAMAS COUNTY COMMUNITY HEALTH DIVISION  
ENVIRONMENT & HEALTH SERVICES

**APPLICATION FOR A PERMIT TO CONSTRUCT OR ALTER  
A PUBLIC SWIMMING POOL, SPA POOL, WADING POOL OR FOUNTAIN**

APPLICATION IS HEREBY MADE TO CONSTRUCT / ALTER THE FOLLOWING PUBLIC WATER RECREATION AND / OR FACILITY. IT IS UNDERSTOOD THAT A CONSTRUCTION PERMIT ISSUED UNDER THIS APPLICATION MUST BE RECEIVED BY THE OWNER OR HIS LEGAL AGENT PRIOR TO ANY ACTUAL WORK ON THE PROJECT.

APPLICANTS MUST NOTIFY THE DIVISION WHEN CONSTRUCTION IS COMPLETE. FACILITY OPERATION WITHOUT A VALID LICENSE IS A VIOLATION OF OREGON LAW.

Name of Pool: \_\_\_\_\_

Location: \_\_\_\_\_ OREGON  
(Street Number) (City)

Name and Address of:

Owner: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Builder: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Type of Facility: ( which applies)

Swimming Pool     Spa Pool     Wading Pool     Fountain     Other

Type of Construction ( which applies)

New Construction     Alterations

I AGREE THAT THE ABOVE DESCRIBED FACILITY WILL BE CONSTRUCTED IN COMPLIANCE WITH THE PLANS AND SPECIFICATIONS AS APPROVED BY THE CLACKAMAS COUNTY COMMUNITY HEALTH DIVISION.

Submit the application and fee to: CLACKAMAS COUNTY COMMUNITY HEALTH DIVISION, 2051 KAEN ROAD, OREGON CITY, OR 97045. (503) 655-8384

OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Or Owner's Representative)

## PLAN REVIEW CHECKLIST FOR SWIMMING POOLS, WADING POOLS, SPAS AND FOUNTAINS Plan and Equipment Specifications

The following checklist must be completed and submitted along with one copy of the construction plans. Those construction plans must be prepared by an Oregon Registered Engineer or Architect and must bear that person's stamp. Items that do not apply, fill in N/A (not applicable). Please refer to the swimming pool or spa rules to determine required specifications. Please complete one checklist for each pool, spa or fountain.

Pool or Spa Name: \_\_\_\_\_

Wading Pool or Fountain Name: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_

Name (who prepared plan): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Applicant's Signature / Date: \_\_\_\_\_

Indoor Pool       Outdoor Pool

1. Provide a scaled vicinity plan showing the job site in relation to its location in the community. Also provide an overview scaled plan showing the pool in relation to the overall project (apartment complex, motel units, etc.)

2. Pool, Wading Pool, Spa or Fountain With A Basin

Materials used: \_\_\_\_\_ (gunite, Fiberglass, etc.)

Volume: \_\_\_\_\_

Perimeter of Vessel \_\_\_\_\_

Surface area, sq. ft. \_\_\_\_\_

Water depth minimum: \_\_\_\_\_

Water depth maximum: \_\_\_\_\_

Color of finish: \_\_\_\_\_

Coping type, (hand hold) \_\_\_\_\_

Bather load: \_\_\_\_\_ (refer to appropriate pool rules)

3. Provide bottom slope of shallow area to break in grade (must be uniform to five feet of depth): \_\_\_\_\_

Slope in transition area between shallow & deep areas of pool: \_\_\_\_\_

Refer to "dimension" section of the rules requirements

Transitional stripe provided?      Yes      No

Color and width of stripe: \_\_\_\_\_

Radius of corners at shallow and deep ends of the pool: \_\_\_\_\_

4. Pump (recirculation)

Manufacturer: \_\_\_\_\_

Horse power: \_\_\_\_\_

Model #: \_\_\_\_\_  
GPM at 60 TDH & 20 TDH: \_\_\_\_\_  
Turnover time required: \_\_\_\_\_  
Turnover rate in GPM required: \_\_\_\_\_  
Turnover time provided: \_\_\_\_\_  
Turnover rate in GPM provided: \_\_\_\_\_  
Pump curve provided: Yes No  
Pump below ground level: Yes No  
Isolation valves provided: Yes No

5. Pump (therapy) (jet) (feature) \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Horse power: \_\_\_\_\_  
Model #: \_\_\_\_\_  
GPM flow at 20 TPH (for feature pump): \_\_\_\_\_  
GPM flow at 60 TDH (spa): \_\_\_\_\_  
15 minute therapy switch location: \_\_\_\_\_  
Air blower (location indicated): \_\_\_\_\_  
Elevation of air loop: \_\_\_\_\_  
Pump below ground level: Yes No  
Disconnect switch for power to spa Yes No

6. Filter data  
Number of filters: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Type: \_\_\_\_\_  
Model #: \_\_\_\_\_  
NSF approved: Yes No  
Square feet of filter area: \_\_\_\_\_  
Unit load (gal. per minute per square foot): \_\_\_\_\_

7. Equipment Room  
Dimensions: \_\_\_\_\_  
Square footage of area: \_\_\_\_\_  
Floor drain provided: \_\_\_\_\_  
Equipment accessible: Yes No  
Equipment protected from elements: Yes No  
Equipment room door lockable: Yes No  
Type of ventilation & make-up air systems: \_\_\_\_\_

8. Water source and name of water source: \_\_\_\_\_

9. Fresh water inlet indicated on plan: Yes No  
Type of cross-connection control method: \_\_\_\_\_ (vacuum breaker, pressure vacuum breaker,

R.P. device)

10. Backwash disposal, i.e. community sewer or drainfield: \_\_\_\_\_

Filter backwash line air gapped: Yes No

11. Hair and lint strainers (at pumps): Yes No

12. Overflow system type \_\_\_\_\_

Skimmer Manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_ How many?

Throat width: \_\_\_\_\_

Gutter type and size: \_\_\_\_\_

Surge tank Volume: \_\_\_\_\_

Gals. of flow per skimmer provided: Yes No

Accessible for inspection: Yes No

Strainer basket inspection: Yes No

13. Main drain entrapment or evisceration plan, provide copies of manufacturers technical information

Manufacturer: \_\_\_\_\_

Type: \_\_\_\_\_

Hydro relief valve provided Yes No

14. Pool Heater

Manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_

Type: \_\_\_\_\_

Safety device type: \_\_\_\_\_

18 inches of pipe: metallic \_\_\_\_\_

CPVC: \_\_\_\_\_

Capacity (BTU's) \_\_\_\_\_

Ventilation for make-up air: Yes No

Accessible pilot light: Yes No

15. Flowmeter

Manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_

Flow range & size: \_\_\_\_\_

Accessible: Yes No

Piping NSF Sch 40/80 Yes No

Show that it can be mounted to meet manufacturer's specifications:

16. Inlet Fittings

Number provided: \_\_\_\_\_

Size and pipe size: \_\_\_\_\_  
 Adjustable: Yes No  
 Location shown: Yes No  
 Flowrate per unit: \_\_\_\_\_ (cannot exceed 10 ft. per second at each inlet)

17. Gauges

Pressure inlet: Yes No  
 Pressure outlet: Yes No  
 Vacuum: Yes No  
 Location shown: Yes No  
 Accessible: Yes No

18. Piping

Type: \_\_\_\_\_  
 Schedule: \_\_\_\_\_  
 NSF approved: \_\_\_\_\_  
 Main drain pipe size: \_\_\_\_\_  
 Skimmer pipe size: \_\_\_\_\_  
 Securely mounted in equipment room: Yes No

19. Structural details showing rebar and pattern provided: Yes No

20. Life line location shown: Yes No  
 Recessed anchors: Yes No

21. Location of vertical and horizontal depth markers shown: Yes No  
 Size and color shown on plan: Yes No

22. Rescue equipment

Ring with 30 ft. rope: Yes No  
 Shepherd's hook: Yes No  
 Shepherd's hook with 12 ft. nonadjustable pole: Yes No

23. Ladders: Yes No  
 Cross-sectional diagram of ladders and recessed steps with grab rail: Yes No  
 Square inches of tread area: \_\_\_\_\_

24. Stairways, tread width, riser height, handrail: Yes No  
 Cross-sectional diagram provided: Yes No  
 Sq. inches of tread area at smallest step: \_\_\_\_\_

25. Signage Plan and signage location: Yes No

26. Type of disinfectant system: \_\_\_\_\_  
NSF approved: Yes No  
Feed rate: \_\_\_\_\_  
For fountains, disinfectant must be added to feature pumps as per OAR 333-060-0505 11(cc)  
ORP device provided: \_\_\_\_\_

27. Surge tank  
Surge tank size: \_\_\_\_\_ gallons  
\*8 minute recirculation flow @ 20 TDH \_\_\_\_\_ gallons  
\*2 minutes of feature recirculation flow \_\_\_\_\_ gallons  
\*Auto fill present? Yes No

28. Decks and Walkways  
Width: \_\_\_\_\_  
Material: \_\_\_\_\_  
Slip co-efficient of finish: \_\_\_\_\_  
Slope: \_\_\_\_\_  
Direction or drainage: \_\_\_\_\_  
For spas, show location of 48 sq. ft. area, 6'x8' area, adjacent to spa: Yes No

29. Underwater light  
Watts: \_\_\_\_\_  
Type: \_\_\_\_\_  
Ground fault interrupter: Yes No  
Ground fault interrupter location: \_\_\_\_\_  
Deck Lighting provided: Yes No.

30. Maintenance and Test Equipment  
Vacuum cleaner: Yes No  
Signs: Yes No  
DPT / FAS test kit that includes  
PH test kit: Yes No  
Total alkalinity test kit: Yes No  
Cyanuric acid test kit: Yes No

31. Fence and enclosure  
(\*Required for wading pools or any basin)  
Material: \_\_\_\_\_ (typical elevation drawing must be included)  
Provided structural description: Yes No  
Height: \_\_\_\_\_  
Self-closing and latching & gate location shown: Yes No  
Elevation of latch (42" required): \_\_\_\_\_  
All doors to pools/spa open away from pool.spa: \_\_\_\_\_

32. Bathroom and Dressing Room

Location shown: Yes No  
Number of toilets: \_\_\_\_\_  
Number of showers: \_\_\_\_\_  
Number of hand basins: \_\_\_\_\_  
Type of lighting: \_\_\_\_\_  
Type of ventilation: \_\_\_\_\_  
Method of moisture control: \_\_\_\_\_  
Wall finish and color: \_\_\_\_\_  
Floor finish type: \_\_\_\_\_ (MUST be slip resistant)  
Sealed floor coving provided: Yes No

33. Pool Room (indoor pools)

Meet lighting requirements noted in the swimming pool rules: Yes No  
Required ventilation: Yes No  
Method of moisture control: \_\_\_\_\_  
Type of wall finish and color: \_\_\_\_\_

34. General use pools and health clubs are required to have AED services: Yes No

35. Telephone and address located near pool/spa: Yes No

36. Play equipment provided: Yes No  
Provide details of design