



Commonwealth of Virginia
Portsmouth Health Department
Division of Environmental Health
 1701 High St, 4th Floor
 Portsmouth, VA 23704
 (757) 393-8585, Ext 8585; Fax (757) 393-8027

Office Records
Date Received: _____
\$40 Plan Review: _____

Recreational Water Establishment Permit Application

**** Please fill out application entirely. ****

Application Fee \$80; Make checks payable to *Portsmouth Health Department*.

Purpose: New Establishment Name Change Owner/Corporation Change

Name of Facility: _____
 Name of Owner: _____
 Facility Address: _____ Suite # _____
 Facility Phone: _____ Email address: _____
 Billing Address: _____

Pool Builder Name: _____
 Pool Builder Address: _____
 Pool Builder Telephone: _____

Provide a set of plans that includes the following information:

<input type="checkbox"/> Pool drawing with dimensions	<input type="checkbox"/> Pool piping arrangement	<input type="checkbox"/> Location of inlets, skimmers, main drain, vacuum hose connection, Ladders, steps, depth markers, diving boards, and lifeline
<input type="checkbox"/> Pump room details and diagram of filtration and chemical equipment. backwash/wastewater disposal method	<input type="checkbox"/> Pool deck area including widths and slope	<input type="checkbox"/> Restroom/shower facilities when required

Recreational Water Facility Will Operate: Year-Round Seasonal *Seasonal Dates of Operation ___/___/___ to ___/___/___

Operational Days and Hours:

DAY	M	T	W	TH	F	S	SU
HOURS							

Associated Facilities:

Hotel/Motel: YES NO If yes, Name: _____
 (If yes, a Hotel/Motel Establishment Permit application must be completed)

Restaurant: YES NO If yes, Name: _____
 (If yes, a Foodservice Establishment Permit application must be completed)

Campground: YES NO If yes, Name: _____
 (If yes, a Campground Facility application must be completed)

STRUCTURAL SPECIFICATIONS (Describe the following or check the appropriate box where applicable):

Water supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	Pool dimensions:	Shape:
Capacity _____ (gallons)	Depth range (ft.):	Maximum bather load:
Pool finish:	Coping:	Grease tiles:
Hydrostatic relief valve:	Depth markers (required on both coping and grease tile):	Lifeline location (No diving sign required on deck surface at depths less than 5 feet):
Steps (may not project into the pool):	Handrails:	Ladders:

Seats:	Pool Structure: <input type="checkbox"/> Poured Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Gunite <input type="checkbox"/> Other _____	
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DECKING:

Deck Type:	Finish:
Minimum width (ft):	Has the deck been designed to drain away from the pool? <input type="checkbox"/> Yes <input type="checkbox"/> No

FENCING:

Fence type:	Height (minimum 4'):
Distance from ground to bottom (maximum 2''):	Self-closing/self-latching gate: <input type="checkbox"/> Yes <input type="checkbox"/> No
Minimum distance to pool:	

RECIRCULATION SYSTEMS:

Number of skimmers:	Number overflow gutters:
Number of outlets (All outlets must be designed to prevent bather entrapment):	Number of returns:
Circulating pump: Size _____ Rate _____	Turnover rate:
Filter type: _____ Number _____	Flow rate capacity:
Total filter surface area:	Pressure gauges: Influent ____ Effluent ____ Tank only ____
Backwash method: _____ Sight Glass: _____	Rate of flow meter:
Heater: <input type="checkbox"/> Yes <input type="checkbox"/> No	

DISINFECTION:

Type:	Capacity:
Rate:	
Other chemical feeders (specify):	Capacity:

FILTER ROOM:

Sloped to drain: <input type="checkbox"/> Yes <input type="checkbox"/> No	Floor Drain: <input type="checkbox"/> Yes <input type="checkbox"/> No
Ventilation (Mechanical exhaust fan/louver combination required):	Room finish:
NEC approved vapor proof light fixtures: <input type="checkbox"/> Yes <input type="checkbox"/> No	Electrical switches located outside of the door: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pipes color coded: <input type="checkbox"/> Yes <input type="checkbox"/> No	Backwash directions: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pool specification placard: <input type="checkbox"/> Yes <input type="checkbox"/> No	Facilities for safe chemical storage: <input type="checkbox"/> Yes <input type="checkbox"/> No
Personal protective equipment (NIOSH approved respirator, face shield or goggles, chemical handling gloves and apron as a minimum, secured outside of the chemical enclosure): <input type="checkbox"/> Yes <input type="checkbox"/> No	NFPA 704 Placards posted on door(s): <input type="checkbox"/> Yes <input type="checkbox"/> No

SDS available: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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“Authorized Personnel Only” required on doors to rooms containing hazardous chemicals

OTHER EQUIPMENT

Direct dial telephone (accessible to bathers): <input type="checkbox"/> Yes <input type="checkbox"/> No	Water fountain: <input type="checkbox"/> Yes <input type="checkbox"/> No
Lifesaving equipment: -Ring buoy with 150lb test line (2x pool width): <input type="checkbox"/> Yes <input type="checkbox"/> No -Red Cross approved backboard (with straps and neck immobilizer) <input type="checkbox"/> Yes <input type="checkbox"/> No -Shepard’s crook: <input type="checkbox"/> Yes <input type="checkbox"/> No -First aid kit: <input type="checkbox"/> Yes <input type="checkbox"/> No	“Pool Rules” sign: <input type="checkbox"/> Yes <input type="checkbox"/> No
“Pool Capacity” sign(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	“Pool Readings” sign: <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved test kit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Diving board(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Deck area lights: _____ # _____ watts	Underwater lights: _____ # _____ watts
Lifeguard chair(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Fill spout: <input type="checkbox"/> Yes <input type="checkbox"/> No
Vacuum cleaner: <input type="checkbox"/> Yes <input type="checkbox"/> No	Wall brush / leaf skimmer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Designated eating area (at least 10’ from pool): <input type="checkbox"/> Yes <input type="checkbox"/> No	

BATH HOUSE FACILITIES

*Not required if bathers have access to these facilities within their homes no further than 500 feet away or within an adjacent clubhouse.

Number of showers (1 per every 40 bathers at max load):	Soap, toilet paper, paper towel dispenser: <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of toilets: Men: _____ Women: _____	Number of lavatories: Men: _____ Women: _____
Covered trash receptacles (women): <input type="checkbox"/> Yes <input type="checkbox"/> No	Shatterproof mirrors: <input type="checkbox"/> Yes <input type="checkbox"/> No
Baby changing station in each restroom: <input type="checkbox"/> Yes <input type="checkbox"/> No	Ventilation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Floor, wall, ceiling finishes (smooth, nonabsorbent, easily cleanable): 	

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Portsmouth Health Department may nullify final approval.

Applicant’s Signature: _____ Title: _____
Applicant’s Name (printed): _____ Date: _____

For Official Use: Items Submitted in Packet

- ___ Plan review fee of \$40
- ___ Permit application fee of \$75 (year-round) or \$50 (seasonal)
- ___ Manufacturer specifications for equipment
- ___ Plans drawn to scale

Plans Reviewed and Approved EHS: _____ Date: _____
EHS: _____ Date: _____