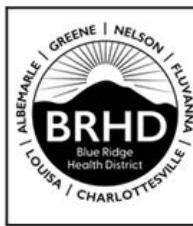


APPLICATION FOR A POOL OPERATIONAL PLAN REVIEW



BRHD Local Environmental Health Offices		Phone	FAX
Charlottesville/Albemarle, 1138 Rose Hill Drive, Charlottesville, VA 22903		434-972-6219	434-972-4310
Fluvanna County, Route 15, County Office Bldg., PO Box 136, 132 Main Street, Palmyra, VA 22963		434-591-1965	434-591-1966
Greene County, 50 Standard Street, PO Box 38, Stanardsville, VA 22973		434-985-2262	434-985-4822
Louisa County, 101 Woolfolk Avenue, Suite 203 Louisa, VA 23093		540-967-3707	540-987-3733
Nelson County, 1645 Thomas Nelson Highway, Arrington, VA 22922		434-263-4297	434-263-4304

SECTION A

Applicant and Facility Information

INSTRUCTIONS: New aquatic facilities or existing aquatic facilities requiring renovation or construction (or a change of equipment) must submit a plan review application at least 30 days prior to the facility opening or the start of construction. Prior to submission, please review the application as incomplete applications may delay processing.

This is a plan review for: New Construction Remodel Major Alteration/Equipment Change

Please place a next to the address where you would like to receive mail correspondence

<input type="checkbox"/> Facility Name:	
Facility Physical Address:	
City/State/Zip:	
Facility Phone:	Email:
Name of Aquatic Venue (if applicable):	

<input type="checkbox"/> Owner Name:	
Owner Mailing Address:	
City/State/Zip:	
Owner Phone:	Email:

<input type="checkbox"/> Operator Name (if applicable):	
Operator Mailing Address:	
City/State/Zip	
Operator Phone:	Email:

Will patrons other than those affiliated with the facility (hotel, campground, summer camp) be allowed to use the venue(s)?

Yes No Comments: _____

Will the aquatic venue(s) be open after dark? Yes No
Comments: _____

Aquatic venue source/make-up water supply: (check appropriate box)

Public – Name _____ Private – Type _____

Facility Name: _____

Aquatic venue sewage system: (check appropriate box)

Public – Name _____ Private – Type _____

The proposed aquatic venue(s) include:

<input type="checkbox"/> Swimming pool	<input type="checkbox"/> Splash pad or spray pool	The aquatic venue(s) will be:
<input type="checkbox"/> Wading pool	<input type="checkbox"/> Wave pool	<input type="checkbox"/> Indoor
<input type="checkbox"/> Hot tub or spa	<input type="checkbox"/> Lazy river	<input type="checkbox"/> Outdoor
<input type="checkbox"/> Water park	<input type="checkbox"/> Other: _____	

SECTION B

Aquatic Venue Specifications

Complete Section B for each aquatic venue located at the facility.

For additional venues, complete and submit Addendum A.

*VUSBC means the Virginia Uniform Statewide Building Code

Venue name: _____ **Venue Type:** _____

Venue depth (feet): _____ **Venue Volume (gallons):** _____

Water surface area (square feet): _____

Theoretical peak occupancy (as determined by VUSBC): _____

Proposed or required turnover (as determined by VUSBC): _____

Venue Operation: Year-Round Seasonal: _____

Hours:

Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Filtration system type:

Sand filter Cartridge filter Diatomaceous Earth (DE) filter Other: _____

Comments: _____

Disinfection type:

Chlorine Bromine Other: _____

Will secondary disinfection be provided? Yes No

If Yes: UV Ozone Other: _____

General Comments:

Facility Name: _____

SECTION C

Aquatic Venue Site Plans

Attach site plans (site plans shall be at a minimum of 11 x 14 inches in size drawn to scale (scale - $\frac{1}{4}$ inch = 1 foot) of the pool showing the venue location with all of its pool components and other pool related amenities necessary to review the following items*:

- Pool water supply.
- Aquatic facility/venue wastewater disposal.
- Plans for the pump and recirculation system.
- Plans and specifications for the **operation and maintenance** of the disinfection & filtration system.
- Filtration (filter) room plans.

*All persons desiring to operate a pool at a tourist facility (hotel, campground, summer camp) shall apply for an operational plan review prior to the opening of the pool and ensure all permitting for the facility has been acquired.

*During plan review, VDH may require submission of additional information to determine regulatory compliance.

I understand this form contains information subject to disclosure under §2.2-3700 of the Code of Virginia.

Applicant Signature _____ Date: _____

Facility Name: _____

ADDENDUM A

Aquatic Venue Specifications

Complete an addendum for each venue at your facility.

Venue name: _____ **Venue Type:** _____

Venue depth (feet): _____ **Venue Volume (gallons):** _____

Water surface area (square feet): _____

Theoretical peak occupancy (as determined by VUSBC): _____

Proposed or required turnover (as determined by VUSBC): _____

Venue Operation: Year-Round Seasonal: _____

Hours:

Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Filtration system type:

Sand filter Cartridge filter Diatomaceous Earth (DE) filter Other: _____

Comments: _____

Disinfection type:

Chlorine Bromine Other: _____

Will secondary disinfection be provided? Yes No

If Yes: UV Ozone Other: _____

General Comments:
