


# 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 Stanard 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 check the box 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:

Swimming pool       Splash pad or spray pool      The aquatic venue(s) will be:  
 Wading pool       Wave pool       Indoor  
 Hot tub or spa       Lazy river       Outdoor  
 Water park       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 - ¼ 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:**

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