



Commonwealth of Virginia
Chesapeake Health Department
Division of Environmental Health
 748 North Battlefield Boulevard
 Chesapeake, VA 23320
 (757) 382-8672 Fax (757) 382-8713

Office Records
 Date Received: _____
 \$80 Plan Review: _____
 \$50 Seasonal Permit: _____
 \$75 Year-round Permit: _____

RECREATIONAL WATER FACILITY PLAN REVIEW APPLICATION
THIS IS NOT A PERMIT TO OPERATE

Application with plan review fee of \$80 must be submitted to the Chesapeake Health Department for review and approval before any work may be done in the recreational water facility. If any existing equipment is to be replaced or new equipment is installed, the manufacturer's specifications must also be submitted. Please contact our office at (757)-382-8672 for more information.

New Recreational Water Facility Renewal Name Change Change of Owner

Name of Facility: _____
 Name of Owner: _____
 Facility Address: _____ Suite # _____
 Facility Phone: _____ Fax number: _____
 Billing Address: _____

Email Address: _____
 (Important for Product Recalls & Public Health Emergencies)

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

**** A Certificate of Occupancy is required before a permit to operate a recreational water facility can be issued by the Director of Public Health or their designee.**

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):	Life line 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 _____	

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	

“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):	

The following Pre-Opening Checklist must be completed for a recreational water facility plan review application to be approved. Each item must be initialed once verified.

- | | |
|--|--|
| ___ Supervision: Rules and Regulations posted. | ___ Safety/Safety Equipment: Diving boards, slides, ladders, guard stands are safe and secure to use. |
| ___ Supervision: Required signs posted on deck. | ___ Safety/Safety Equipment: Depth markers legible, located and sized properly. |
| ___ Water Quality: Disinfection chemical feeder(s) operational, properly sized and supplied. | ___ Safety/Safety Equipment: Lifelines, rescue tubes, and reaching poles provided. Red cross approved backboard (with straps and neck immobilizer). |
| ___ Water Quality: Approved chemical test kit properly supplied. | ___ Safety/Safety Equipment: Hard-wired telephone operational. |
| ___ Water Quality: Water supply free of cross connections. | ___ Safety/Safety Equipment: Employee Protection Equipment: apron, eye protection, gloves. |
| ___ Water Quality: Water quality board provided. | ___ Safety/Safety Equipment: Free from hazardous conditions |
| ___ Recirculation Systems: Filter room information placard posted & specific backwash instructions posted. | ___ Pool/Pool Premises: Drain gates secure. |
| ___ Recirculation Systems: Filter room – ventilation lighting, drainage, cleanliness | ___ Pool/Pool Premises: Decks, coping, grout and caulking in good repair |
| ___ Recirculation Systems: Filter operational; water clarity; piping properly color coded. | ___ Pool/Pool Premises: Whitecoat in good repair. |
| ___ Recirculation Systems: Minimum flow rate maintained; gauges properly installed and maintained. | ___ Pool/Pool Premises: Grassed area properly fenced with approved and operational foot showers. |
| ___ Recirculation Systems: Backwash line properly drained. | ___ Pool/Pool Premises: Food confined to approved areas. |
| ___ Recirculation Systems: Skimmer baskets, weirs, adjustments, water level. | ___ Bathhouse: Access to pool through bathhouse, adequate facilities, good repair. |
| ___ Recirculation Systems: Returns free flowing and properly adjusted. | ___ Bathhouse: Water heater, anti-scalding devised operational and adjusted. |
| ___ Recirculation Systems: Pump, motor, hair/lint strainer maintained and operational, extra hair/lint strainer provided | ___ Bathhouse: Water fountains operational and adjusted. |
| ___ Electrical: Satisfactory electrical inspection conducted within the past 12 months and filed with the Health Department. | |

Please answer every question that applies to your recreational water operation. Ensure your plans are complete.

Approval of these plans and specifications by the Chesapeake Health Department does not indicate compliance with any other code, law or regulation that may be required—federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing recreational water operations.

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 Chesapeake Health Department may nullify final approval.

Signature _____

Print Name _____

Date: _____

For Official Use: Items Submitted in Packet

- ___ Plan review fee of \$40
- ___ Permit application with \$40 fee
- ___ Manufacturer specifications for equipment
- ___ Plans drawn to scale
- ___ Certified Pool Operator certificate

Make checks payable to:
 Chesapeake Health Department or CHD
 748 Battlefield Boulevard, North
 Chesapeake, VA 23320

Plans Reviewed and Approved EHS: _____ Date: _____

EHS: _____ Date: _____