



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: _____

Recreational Water Facility Plan Review Application

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

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

Purpose: New Establishment Renovation 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: _____

I have submitted plans/applications to the authorities on the following dates:

_____ Development & Permits	_____ Commissioner of Revenue	_____ Zoning
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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

Hours of Operation: Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____
Months of Operation: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

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:

Water supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	Pool dimensions:	Shape:
Capacity _____ (gallons)	Depth range (ft.):	Maximum bather load:
Pool finish type:	Coping type:	Grease tile type:

Hydrostatic relief valve: <input type="checkbox"/> Yes <input type="checkbox"/> No	Depth markers (required on both coping and grease tile): <input type="checkbox"/> Yes <input type="checkbox"/> No	Lifeline location (No diving sign required on deck surface at depths less than 5 feet): <input type="checkbox"/> Yes <input type="checkbox"/> No
Steps (may not project into the pool): <input type="checkbox"/> Yes <input type="checkbox"/> No	Handrails: <input type="checkbox"/> Yes <input type="checkbox"/> No	Ladders: <input type="checkbox"/> Yes <input type="checkbox"/> No

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 water outlets (All outlets must be designed to prevent bather entrapment):	Number of water 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): <input type="checkbox"/> Yes <input type="checkbox"/> No	Electrical switches located outside of the door: <input type="checkbox"/> Yes <input type="checkbox"/> No
NEC approved vapor proof light fixtures: <input type="checkbox"/> Yes <input type="checkbox"/> No	Backwash directions: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pipes color coded: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pool specification placard: <input type="checkbox"/> Yes <input type="checkbox"/> No
SDS available: <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

“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 Chemical 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
Deck area lights: _____ # _____ watts	Underwater lights: _____ # _____ watts
Lifeguard chair(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	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 sinks: 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, and ceiling finish types (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.

- | | |
|--|---|
| <input type="checkbox"/> Supervision: Rules and Regulations posted. | <input type="checkbox"/> Safety/Safety Equipment: Diving boards, slides, ladders, guard stands are safe and secure to use. |
| <input type="checkbox"/> Supervision: Required signs posted on deck. | <input type="checkbox"/> Safety/Safety Equipment: Depth markers legible, located and sized properly. |
| <input type="checkbox"/> Water Quality: Disinfection chemical feeder(s) operational, properly sized and supplied. | <input type="checkbox"/> Safety/Safety Equipment: Lifelines, rescue rings, and reaching poles provided. Red cross approved backboard (with straps and neck immobilizer). |
| <input type="checkbox"/> Water Quality: Approved chemical test kit properly supplied. | <input type="checkbox"/> Safety/Safety Equipment: Hard-wired telephone operational. |
| <input type="checkbox"/> Water Quality: Water supply free of cross connections. | <input type="checkbox"/> Safety/Safety Equipment: Employee Protection Equipment: apron, eye protection, gloves. |
| <input type="checkbox"/> Water Quality: Water quality posted. | <input type="checkbox"/> Safety/Safety Equipment: Free from hazardous conditions |
| <input type="checkbox"/> Recirculation Systems: Filter room information placard posted & specific backwash instructions posted. | <input type="checkbox"/> Pool/Pool Premises: Proper fence height with a secured gate. |
| <input type="checkbox"/> Recirculation Systems: Filter room – ventilation, lighting, drainage, cleanliness | <input type="checkbox"/> Pool/Pool Premises: Decks, coping, grout and caulking in good repair |

___ **Recirculation Systems:** Filter operational; water clarity; piping properly color coded.

___ **Pool/Pool Premises:** Pool surface in good repair.

___ **Recirculation Systems:** Minimum flow rate maintained; gauges properly installed and maintained.

___ **Pool/Pool Premises:** Approved and operational shower(s).

___ **Recirculation Systems:** Backwash line properly drained.

___ **Pool/Pool Premises:** Food confined to designated 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.

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 lodging establishments.

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.

Applicant's Signature: _____

Title: _____

Applicant's Name (printed): _____

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

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

Plans Reviewed and Approved EHS: _____

Date: _____

EHS: _____

Date: _____