



2022 CONSTRUCTION AND MODIFICATION APPLICATION FOR RECREATIONAL AQUATIC VENUES

This checklist is provided to facilitate the plan review of aquatic facilities. Please provide all information requested and complete the appropriate section for the facility design.

Note: You must complete a separate application for each venue, pool, spa, wading pool, etc. Incomplete or incorrect forms will be returned to the submitting party.

I. Applicant (Contact name) Phone Address City State Zip Email Pool Name Pool Address City State Zip Pool Owner Phone Address City State Zip Email

II. Pool contractor's information

Contractor's Name Phone Address City State Zip Email Design engineer or architect name Phone Address City State Zip Email

Please check all the following that describe the facility/venue type:

- Checkboxes for: New, Outdoor, Pool, Modification, Indoor, Spa, Addition, Combination, Wading Pool, Other:

Please check box for type of facility:

- Checkboxes for: Beach, Apartment, Fitness Club, Subdivision, Hotel/Motel, Townhomes, Municipal/Public, Other: Number of houses or units

Plans and specifications are to be submitted by the design engineer or architect with their cover letter and be stamped with their seal. NO HAND DRAWINGS WILL BE ACCEPTED, plans are to be drawn to scale in sufficient detail to illustrate construction. The equipment room and chemical storage must be separate rooms and cannot open into an indoor Aquatic Facility. Plans shall include:

III. **AQUATIC VENUE DESIGN PLANS** (Drawn to scale, at least 18" x 24", but not larger than 36" x 42")

Please use checklist below.

- 1. One vicinity sketch noting aquatic facility in relation to surrounding area and facilities.
- 2. Both plan and cross-sectional views of the aquatic venue. Cross sectional view should provide information on the radius of curvature of the venue at shallow, breakpoint and deep ends.
- 3. Detailed view of the equipment room and equipment within it noting sufficient room is provided to access equipment for proper operation and maintenance, including **ventilation** and **proper pipe length** for installation of flow meters.
- 4. Dimensional drawings of aquatic venue bottom and sidewalls.
- 5. Drawings need to show location of outlined edge tiles for stairs, benches, reefs and the breakpoint from the shallow water to the deep water.
- 6. Manufacturer's cut sheets on all required equipment components. (Attach to this application)
- 7. Plumbing plans showing all venue plumbing, pipe size, gauges, meters, inlets, main drains, overflow channel or skimmers, vacuum fittings and all other appurtenances connected to the pool or spa piping system. All pipes and filters must be labeled with source and directional arrows.
- 8. Details on barrier (fencing) location(s) and gate and latch hardware.
- 9. Details on decking dimensions noting slope direction and location of deck drains.
- 10. Layout of chemical storage room, including ventilation.
- 11. Water supply and wastewater disposal specifications and backflow/anti-syphon devices.
- 12. Mechanical drawings showing ventilation for equipment rooms, chemical storage, bathrooms, and HVAC/dehumidifier systems for indoor pools.
- 13. Detailed bonding diagram showing all connections with equipment, deck, fencing and all venue appurtenances.

IV. **SPECIFIC SWIMMING FACILITY DESIGN CHARACTERISTICS**

Shape: Rectangular Square Oval Kidney Circular L-shaped Free form

Dimensions: Length _____ Width _____ Diameter _____

Pool Depth Range: Shallow _____ Deep _____ Avg. Depth _____

Sun Reef(s) Depth: _____

Total Surface Area:

Surface area for reef(s) _____ sq ft

Surface area in water less than or equal to 5 ft. deep _____ sq ft (exclude wet decks)

Total surface area for shallow water _____ sq ft

Bather Load (15 ft²/bather) _____

Does this pool provide diving boards, platforms, slides, climbing wall or have areas intended for diving or other use requiring deep water? Yes No If yes, subtract 300 ft²/board from the 5 ft or greater swim area before calculating the bather load.

Surface area in water greater than 5 ft. deep _____ sq ft

Bather Load (24 ft²/bather) _____

If provided, plans must show exact location of board(s), slide(s), etc. and specific manufacturer's installation information (e.g., water depth, width of pool in diving area(s), height of board(s), etc.)

Attach manufacture's specifications for each feature.

Surface area (use only for separate diving well) _____ sq ft (use same calculation as above)

Bather Load, Diving Well _____

Total Bather Load: _____

| | |
|---|---|
| Total Surface Area _____ sq. ft. | Total Water Volume: _____ gallons. |
|---|---|

Pool Surface Material: Painted concrete Plaster Fiberglass Painted metal
 Vinyl liner Other: (please specify): _____

Manufacturer: _____ Color: _____

Attach manufacture's specifications.

Pool floor slopes and side walls: Show on plan cross-sectional drawings.

- Shallow depth to 5 feet: 1: _____ slope
- Shallow depth to greater than 5 feet: 1: _____ slope

Must provide cross-section of pool(s) in the plans.

Are the radius curvatures of the pool side walls noted on the shallow, breakpoint and deep ends of the pool? Yes No N/A (Show on plans)

Deck construction material: _____

Type of non-slip finish provided: _____

Is slope of deck drainage noted on plans? Yes No If not, note rate of slope _____/ft. (min. 1/4"/ft., max. 3/8"/ft.)

Disinfectant Feeding Equipment (all equipment must be NSF/ANSI certified for Commercial Pools):

Manufacturer: _____

Model #: _____

Primary disinfectant: _____

Secondary disinfectant system (if used), Manufacturer: _____

Secondary disinfectant system (if used), Model #: _____

Secondary disinfectant type: _____

Attach manufacturer's specifications showing disinfectant feed rate and the volume of water the feeder is designed to treat.

Chemical Feeders: Are chemical feeders provided for controlling pH? Yes No **If yes, Attach manufacturer's specifications.**

Manufacturer: _____ Model #: _____

Chemical used for pH control: _____

Chemical automation is highly recommended

Pools using chlorine generators, calcium hypochlorite and sodium hypochlorite are required to have an automated feeder to control pH.

Filtration System (all equipment must be NSF/ANSI certified for Commercial Pools):

Type of filter media to be used (sand, precoat, or cartridge): _____

Filter(s) Manufacturer: _____

Filter(s) Model #: _____

Square footage of chosen filter: _____

Total number of filters: _____

Total square footage of filter surface area: _____ sq ft

Filter bed depth in inches: _____

Planned Filter Media Rate: _____ gpm/sq ft of filter surface area

Attach manufacturer's specifications

Recirculation System (all equipment must be NSF/ANSI certified):

Will the pump(s) be located before or after the filter(s)? _____

Pump Manufacturer: _____

Pump Model: _____

Total number of units: _____

Planned total pump capacity (include total sum off all units): _____ gpm @ _____ feet of Total Dynamic Head (TDH).

Planned turnover rate for this venue: _____ hours.

Flow meter manufacturer: _____, include location of flow meter(s) on plans.

Attach manufacturer's specifications including the pump curve(s).

Main Drain System:

Manufacturer _____, Model _____, Expiration _____ Years

Attach manufacturer's specifications for main drain sumps and drain covers and include manufacturer's expiration date information for drain covers. Include in the plumbing diagram on the plans.

Gutter/Skimmer System:

Manufacturer: _____ Model #: _____

Flow Rate (gpm): _____ Min, _____ Max; # of Skimmers _____

Surge tank size: _____ gallons, N/A. **Attach manufacturer's specifications** for the gutter/skimmer system, must include surge tank specifications for gutter systems.

Vacuum cleaning system: Skimmer Robot, Mfr: _____ Model _____

Attach robot manufacturer's specifications.

Heaters: Is a heater used for the pool? Yes No

Manufacturer: _____

Model #: _____

If gas-fired, a CO detector is required.

CO Detector Manufacturer: _____ Model #: _____

Include in equipment room plans and attach manufacturer specifications.

Pool Equipment and Chemical Storage: Provide detailed drawings on placement of equipment and chemicals to ensure storage is in conjunction with manufacturer's recommendations and Johnson County Environmental Sanitary Code. The pool equipment and chemical storage enclosure must be **weather-proof** and protect equipment and chemicals against direct sunlight, excessive heat, moisture and unauthorized entry. Storage areas must be locked, when not in use. **Dimensional and elevation drawings are required.**

Ventilation: Submit specifications on indoor pools, specify facility will be installed in accordance to ASHRAE standards for pool facilities. Indoor pools, pool equipment rooms and chemical storage rooms must be **weather-proof** and have ventilation, either natural or mechanical, **show on plans.**

Testing Equipment & Record Keeping: Provide information on type of testing equipment provided in conjunction with water quality and chemistry control of pool water. DPD kits are mandatory and must be maintained on site along with the pool log. Electronic chemical test kits are recommended.

Lighting:

If area lighting is provided around the pool & deck, furnish information on location of light fixtures on the plans and include total wattage _____, wattage/sq ft _____
In facilities with locker rooms and walkway areas, note protective shielding provided on lights.
Note emergency lighting specifications on indoor pool facilities.

Emergency equipment (Note equipment provided):

- Phone or other emergency medical service response means
- First Aid Kit
- Backboard (where required)
- Shepherd's Crook
- Throwing buoy with a 60-foot line attached
- Carbon monoxide detector (required for all pools with gas-fired pool heaters and water heaters)
- Other: _____

Lifeguard chairs: (where required)

Show location(s) on plans.

Signs: Note provisions to provide signage in accordance to regulation. **Provide a copy** of the proposed language for all signage (i.e. pool rules, hygiene, warning signs, etc.). **Note:** Signs for "WARNING – NO LIFEGUARD ON DUTY" and "CHILDREN SHOULD NOT USE POOL WITHOUT AN ADULT IN ATTENDANCE" must be at least **4-inch-high, upper case lettering. Lettering shall be no less than 1.5 inches wide.**

Food service: If provided, plans must include location of food service in relation to pool. Food establishment plans must be approved by Kansas Department of Agriculture, 785-564-6767.

Barrier Protection (Perimeter Fencing):

Note minimum barrier height _____ (feet, inches). **Minimum barrier/gate height is 5 feet (60 inches) as measured from outside the barrier/gate.**

Note type of construction of barrier with information on maximum opening widths to prevent means of access.

Hardware height to activate latch is _____ inches. All gates or doors used to enter the aquatic facility must be self-closing and self-latching.

All gates or doors must be equipped with locks to prevent access during maintenance and periods of non-use. All latch activation hardware on gates must be 54 inches above ground level and meet ADA requirements for entry.

Attach manufacturer's specifications.

Restrooms, plumbing fixtures & locker rooms (not required for semi-public pools):

Note location and size of locker room.

Note location of drains within facility and type of non-slip surface on floor.

Note provisions to prevent water temperature in showers from exceeding 110°F.

Write the number of plumbing fixtures provided in the table below.

| | Male | Female |
|--------------|------|--------|
| Toilets | | |
| Lavatories | | |
| Shower Heads | | |
| Urinals | | |

You may send this application and the plans electronically as PDF documents or provide a link to the document's location. Email the information to richelle.rames@jocogov.org & steve.vogelsang@jocogov.org. Please make your check payable to JCDHE and return to Johnson County Department of Health and Environment, Environmental Division, 11811 South Sunset Drive, Suite 2700, Olathe, Kansas 66061. **For credit card payment over the phone please call (913) 715-6915.** If you require a TDD number, please call 800-766-3777.

Plan review fees are collected for each aquatic venue within the facility.

Plan approval won't be given without a complete site address for the pool facility.

NEW CONSTRUCTION AQUATIC PLAN REVIEW FEES:

| | |
|---|----------|
| Plan Review - First Time Indoor Aquatic Venue | \$410.00 |
| Plan Review - First Time Seasonal Aquatic Venue | \$355.00 |
| Plan Review - First Time Spa Venue | \$200.00 |

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Health
11875 S. Sunset, Suite 300, Olathe, KS 66061
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