



PANHANDLE HEALTH DISTRICT

Healthy People in Healthy Communities

8500 N. ATLAS ROAD
HAYDEN, IDAHO 83835
www.phd1.idaho.gov

SWIMMING POOL PLAN REVIEW CHECK LIST

Please fill out form completely or mark not applicable (N/A). Also check each parentheses () as completed as they are not optional. Square [] parentheses are for Health Dept. use.

I. Administrative Information:

Project Name & Location _____
Address _____ City _____
State _____ Zip _____ Phone _____
Email _____

Engineering/Architectural Firm _____
Address _____ City _____
State _____ Zip _____ Phone _____
Email _____

Contractor _____
Address _____ City _____
State _____ Zip _____ Phone _____
Email _____

Owner _____
Address _____ City _____
State _____ Zip _____ Phone _____
Email _____

Operator _____
Address _____ City _____
State _____ Zip _____ Phone _____
Email _____

Plans signed, dated & stamped ()

Health Dept approval is being obtained () District _____

Types of pool(s) _____

II Design:

“Final” means “final inspection” “PR” means “plan review”

Pool surface area: _____
(List each, if more than one pool.)

Perimeter(s): _____

Volume(s) in gals: _____

Deck area(s) : in square feet: _____

Filtration Rate(s): In gal/minute _____

Time for turnover(s): {all water filtered through}

Design Loading(s); max swimmer load: _____

II. General Construction Information:

Information shown on the plans and specifications to include the following items:

1. Site plans with dimensions, area lighting, fencing, decking, spectator areas, access to the pool and any overhead wiring within 50 feet of the water. Include sewage systems, & individual wells and dry wells, if any.
PR [] Final []
2. Plan and profile of the pool(s), dimensions, schematic of circulation and treatment equipment etc. PR [] Final []

3. Location and detail of inlets, skimmers, drains, vacuum connections, ladders, steps, depth markers, diving boards, life guard chairs, handholds, make-up water inlets, mechanical equipment, (point of chlorine application), and flow meter. PR [] Final []
4. Location of filtration equipment and distance to pool. PR []
Final []
5. Method and place of waste water disposal and/or backwash water. If disposal is to another system (e.g. city sewer system), then a "will serve" letter from that entity is required. PR [] Final []
6. Pool deck area showing slope and width fencing height, and type of material. PR [] Final []
7. Plan of bath house showing showers, dressing rooms, toilets, urinals, basins, Etc. Plans to include construction materials of floors, walls and ceiling in dressing rooms and toilet rooms. PR [] Final []
8. Area lighting/underwater lighting. PR [] Final []
9. Specification sheets indentifying manufacturer and model for return inlets, Compliance with "Virginia Graeme Baker", life guard chairs, pumps, filters, skimmers, drains, heaters, flow meter, underwater lights, chlorinator, grab rails, and recessed steps. PR [] Final []
10. Any unusual or special conditions such as slopes, hillsides, flooding potential, etc. PR [] Final []
11. Any other necessary information _____ :
PR [] Final []

III. Health and Safety:

Lifeguards: 1/80 persons: PR [] Final []

Signage: Provided () ; Locations PR [] Final []

Lifeguard Chairs: 1/2250 ft sq water: PR [] Final []

Life Saving Equipment & Location:

Shepherd's Crook (12 ft.) () Loc. _____

Throwing Line Loc. _____

Back Board (American Red Cross) Loc. _____

First Aid Kit (21 unit) Loc. _____

All life saving equipment readily available, accessible, and functionally marked:
()

IV. Pool Materials:

Walls and bottom materials: PR [] Final []

Corners rounded: PR [] Final []

Finish on surfaces: PR [] Final []

Decks and walkways:

Width around pool _____ft. Continuous? ()

Slope of deck (1/4 to 3/8 in/ft) ()

Surface nonskid: ()

Floor slopes:

Slope of floor in shallow (less than 1ft per 12 ft) ()

Slope of floor in deep (less than 1 ft in 3 ft) ()

Slope of safety ledge (minimum 1/2 toward pool, not wider than 4 in) ()

Slope of sidewalls:

Vertical for water dept of 6ft: ()

or

Vertical to a depth of 3 ft and then curved to join the bottom with radius
R is equal to Depth - 3 ()

Depth Markers, safety ropes, minimum depths, and children's areas:

Depth markers to be provided on the deck and at or above the water line at
least 4 inches high ()

Markers at maximum depth () and minimum depth ()

Markers at every 1 foot depth under 5 ft. ()

Markers at intervals of 25ft. in diving areas ()

Safety rope provided at 5ft dept break. ()

Depth in shallow end must be between 3 ft. and 3 ft 6in. ()

Children's area separated from main body of pool by _____.

Turnover rate in children's area is: _____gpm

Complete turnover occurs every _____hours in children's area.

Wading pool () Two foot depth or less (), physical
separation. ()

Ladders, recessed steps and stairs:

Shallow End: If less than 2 ft from bottom to deckno requirement.
If greater than 2ft stairs or ladders required.

Deep End: Recessed steps () or ladder () is required on one side if the pool is less than 30 ft. wide. ()

Stairs: Handrails (), Non-Slip Treads on steps (),
Maximum rise of 10 in. (), No abrupt drop off (),
No submerged projections (), Steps easily cleaned (),
Steps drain into pool (), handrails provided (),
recessed between 5 and 14 inches ()

Diving Areas:

"NO DIVING" signs including max depth of pool in 6 inch letters ()
(where no diving is allowed)

Loc. _____

Diving boards with proper ladders ()

Proper head room () Amt. _____

Diving board width _____

Diving board associated dimensions _____

Water depth in accord with height of diving board ()

V. Hydraulic Recirculation and Filtration Equipment:

Overflow systems:

Overflow gutter: PR [] Final []

Surface Skimmers: PR [] Final []

one per 500 ft sq. surface ()

don't run into each other ()

equalizer line ()

separate shut off valves ()

hand hold (Bull Nosed) coping ()

Pumps:

Mfg and model: _____

Pump size: _____

Pump rate: _____ gpm at _____ ft. TDH

Pump size in HP _____

Hydraulic calculations to be submitted on all larger pools and smaller pools
at DEQ discretion ()

Turn over rate in hrs must not exceed 6 on new pools.

Self priming () or suction piping below pool overflow level ().

Strainer provided before pump. ()

Vacuum Cleaning system:

Integral part of recirculation system ()

No of connections _____

Spacing of connections _____

Depth below pool surface _____ft.

Length of vacuum head _____in.

What is flow per linear inch of vacuum cleaning head while operating at total pump suction of 15 ft of water _____gpm. (supply calc.)

Flow Meter:

Mfg and model _____

Flow range _____ to _____gpm.

Sized at plus or minus 10 percent of flow? ()

On straight pipe at least 4 times diameter before and 10 times diameter after flow meter. ()

Located so easy to read ()

Filters:

Type: Sand ()
Diatomaceous Earth ()
Other ()

Mfg: _____ Model _____

Max flow rate _____

Sight glass provided? ()

Back wash rate _____gpm.

Dual pressure gauges required () unless NSF approved design allows for one gauge ()

Backwash location _____

Return Water:

At least one inlet is required per 600 sq ft of pool or 15,000 gal. ()

Wall inlets _____ Floor inlets _____

Adjustable? () How will uniform distribution be provided?

Multiple inlets at shallow end conforming to VGB? ()

Main drains:

Located at deepest part of pool ()

Located at proper distances ()

Grate open area _____sq. in. Greater than 4 and 1/2 times discharge pipe area? ()

Max drain has a grate velocity less than one and one half ft /sec. ()

Grate is removable only by special tool? ()

Drains controlled by separate gate valve ()

Main drains number at least one per 50 ft. width of pool ()

Disinfection Equipment:

Type _____

Mfg and model _____

Hypochlorite equip adequate ()

Disinfection will be introduced on the pressure side of pump ()

Chlorine feed rate _____lbs/8hrs.

Contact DEQ and District Health Dept prior to any proposal to use gas chlorine or any form of disinfection other than chlorine. ()

Alternate proposal? _____

Storage of calcium hypochlorite granules away from all grease and oil and above floor in dry area. ()

VI Area Requirements:

Dressing Rooms:

Floor covering surface _____ -

Wall surfaces _____ ceiling _____

Lighting _____

Locker design _____

Toilet and shower rooms:

Floor surface covering _____

Wall surface covering _____ ceiling _____

Restrooms:

Number of lavatories Male _____ Female _____

Number of urinals Male _____

Number of showers Male _____ Female _____

Shower temps _____

Hot water tank size _____ gal Recovery Rate _____

Visitor Area:

Separated from pool(s) ()

Height of separation _____

Underwater Lighting:

Number of lights _____ x watts per light x 18 lumens per watt / pool area _____ ft sq. equals

Lumens per sq ft of pool area. Need 9 ()

Area Lighting:

Number of lights _____

Number of watts or lumens per light _____

Location of area lighting _____

Shall provide at least 10 lumens / ft sq of decking ()

Night swim...area plus underwater at least 36 lumens / sq ft pool area.
()

Overhead wires _____horizontal distance from pool.

All lighting meets electrical code ()

Fencing:

Type of material _____

8 ft high for full pools () 4 ft high for wading pools ()

number of gates _____ how secured _____

fence tight enough to prevent small children from getting through
()

VII. Misc. Technical items:

Water supply source: _____

Private Well PR [] Final []

Must be 100 ft from all septic sources.

Make up water have air gap or reduced pressure backflow prevention device
certified by the purveyor of the water. PR [] Final []

Backwash Disposal:

Into _____waste disposal via air gap ()

Dry well?

Only alternative? ()

Describe _____

Other:

Hydrostatic relief valve is provided () or has been evaluated and is not necessary ()

All equipment is NSF approved. () Documentation is available?

Test kit provided that is capable of testing for free chlorine, Ph, and total alkalinity (). Cyanurates if stabilized chlorine is used ()
Calcium hardness ()

All plumbing must meet Uniform Plumbing Code ()

Operation and Maintenance Manual (O & M Manual) provided ()
copy to the Health District ()

Includes: Emergency Procedures ()
Record keeping requirements ()
Outline of operations of: disinfection systems ()
filtration systems ()
vacuum systems ()

Certificate provided by designer of the structural stability and safety of the pool ()

Evidence of a CPO running the pool? ()

Construction dates ()

Approval of the plans does not constitute endorsement or approval of the completed facility.

After completion of the project the architect/engineer shall make a written certification to the director that the construction was completed in accordance with approved plans and specifications. The final inspection will not be scheduled until this is received.

A final inspection must be performed prior to operation of the facility. A request for inspection is to be scheduled with this office at least 15 working days prior to anticipated opening.

To the best of our knowledge the plans and specifications are in conformance with the Rules and Regulations for Public Swimming Pools in Idaho.

Plan Review by _____
(Coordinating Architect or Engineer)

date _____

DEQ Engineer _____

date _____

Plan Review conducted with _____

Plans on File ()

Administration
(208) 415-5100
FAX 415-5106

Environmental Health
(208) 415-5200
FAX 415-5201

Family & Community Health
(208) 415-5100
FAX 415-5101

Health Promotion
(208) 415-5130
FAX 415-5131

Home Health
(208) 415-5160
FAX 415-5161

Public Health Preparedness
(208) 415-5180
FAX 415-5181