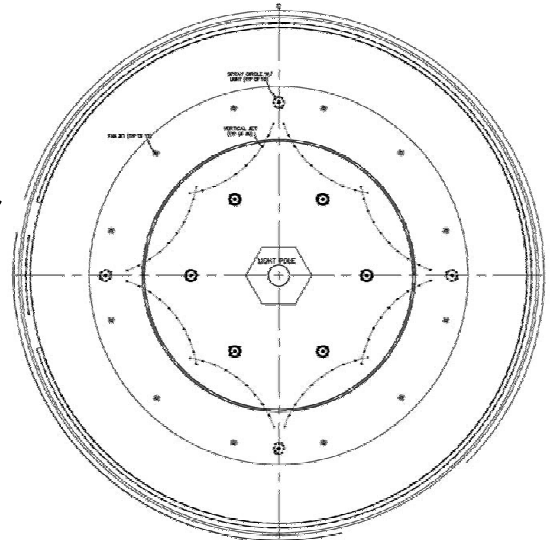
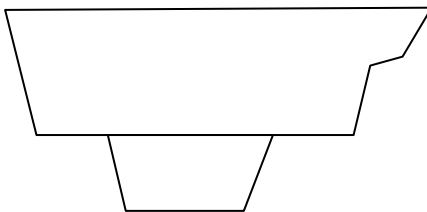
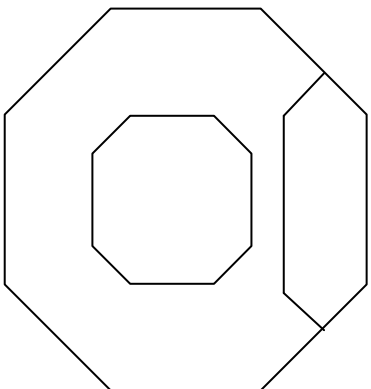
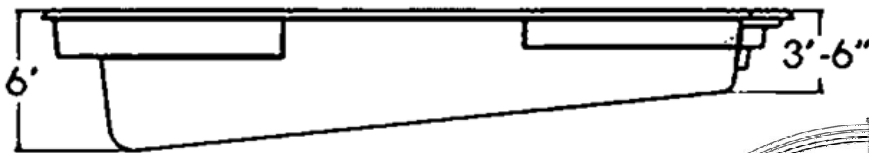
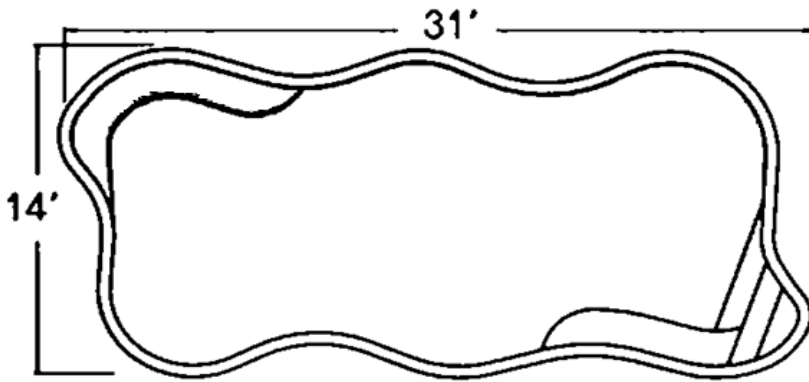




SOUTHWEST UTAH
PUBLIC HEALTH
DEPARTMENT
PREVENT • PROMOTE • PROTECT

**APPLICATION PACKET
FOR BUILDING A NEW
PUBLIC SWIMMING POOL,
SPA POOL, OR
RECREATIONAL WATER FEATURE**





Washington County
620 S. 400 E.
St. George, UT 84770
435-673-3528

Iron County
260 E. DL Sargent Dr.
Cedar City, UT 84721
435-586-2437

Beaver County
75 W. 1175 N.
Beaver, UT 84713
435-438-2482

Kane County
425 N. Main
Kanab, UT 84741
435-644-2537

Garfield County
609 N. Main St.
Panguitch, UT 84759
435-676-8800

RECREATIONAL BATHING FACILITY CHECKLIST

PLEASE READ THIS CHECKLIST *THOROUGHLY* BEFORE SUBMITTING YOUR APPLICATION

ALL INFORMATION REQUIRED ***MUST*** BE COMPLETED PRIOR TO RECEIVING A LETTER OF PLAN APPROVAL. APPLICATIONS AND PLANS ***MUST BE COMPLETE*** OR THEY WILL NOT BE PROCESSED. IF YOU NEED HELP WITH THE APPLICATION OR PLANS, PLEASE CONTACT A CONTRACTOR OR ANY ENGINEERING FIRM, WE CANNOT ACT AS CONSULTANTS.

_____ PLAN REVIEW FEE OF **\$100** PLUS **\$40** PER HOUR BEYOND TWO HOURS. FEE IS NOT REFUNDABLE

_____ ***ONE*** COPY OF ***COMPLETED*** APPLICATION AND ***TWO*** COPIES OF THE FACILITY PLAN. ***PLANS MUST BE NEAT AND EASY TO READ***

THE FACILITY PLANS MUST INCLUDE THE FOLLOWING:

_____ WET STAMP FROM DESIGN ARCHITECT OR ENGINEER

_____ PROPOSED FACILITY PLOT PLAN DRAWN TO SCALE OR ALL DIMENSIONS SHOWN

_____ OVERHEAD VIEWS AND CROSS SECTIONS FOR ALL POOLS, SPAS, AND INTERACTIVE WATER FEATURES. INCLUDE FLOOR AND WALL SLOPES, AS WELL AS OVER ALL DIMENSIONS

_____ WATER SUPPLY

_____ DETAILED PLANS, INCLUDING MATERIALS AND EQUIPMENT, FOR ALL OF THE FOLLOWING

_____ POOL, SPA , SLIDE, AND INTERACTIVE WATER FEATURE INLET PIPING

_____ POOL, SPA , SLIDE, AND INTERACTIVE WATER FEATURE OUTLET PIPING; INCLUDING DRAIN COVERS AND SKIMMERS OR OVERFLOW GUTTERS

_____ POOL, SPA , AND INTERACTIVE WATER FEATURE DECKS

_____ POOL AND SPA ENTRANCES AND EXITS INCLUDING STEPS, LADDERS, AND HANDRAILS

_____ FENCING OR WALLS ENCLOSING THE FACILITY FOR POOLS AND SPAS

_____ DRESSING ROOMS, RESTROOMS AND ENCLOSED SHOWER FACILITIES

_____ PUMP ROOM OR ENCLOSURE, INCLUDING VALVE PLACEMENT, FILTERS SIZING, PUMP RATES, DISINFECTION EQUIPMENT, AND ANY AUTOMATION EQUIPMENT

_____ SANITARY SEWER CONNECTIONS FOR POOLS, SPAS, AND INTERACTIVE WATER FEATURES

_____ PROPOSED CONSTRUCTION MATERIALS

_____ LOCATION OF REQUIRED LIFE SAVING AND SAFETY EQUIPMENT

_____ PLACEMENT AND PROPOSED WORDING FOR RULE AND WARNING SIGNS WITHIN THE ENCLOSURE

_____ PLACEMENT AND FOOT CANDLES FOR ANY LIGHTING ON DECKS OR UNDERWATER

_____ LOCATION AND FUNCTION OF ANY BUILDINGS WITHIN THE FACILITY ENCLOSURE



Washington County
620 S. 400 E.
St. George, UT 84770
435-673-3528

Iron County
260 E. DL Sargent Dr.
Cedar City, UT 84721
435-586-2437

Beaver County
75 W. 1175 N.
Beaver, UT 84713
435-438-2482

Kane County
425 N. Main
Kanab, UT 84741
435-644-2537

Garfield County
609 N. Main St.
Panguitch, UT 84759
435-676-8800

APPLICATION FOR A RECREATIONAL BATHING FACILITY

Please submit construction plans with completed application. All information is required. Incomplete applications will not be accepted.

APPLICATION TYPE: NEW CONSTRUCTION REMODEL

NAME OF FACILITY: _____
ADDRESS: _____
CITY: _____ **ZIP:** _____

OF POOLS: _____ TYPE (Check all that apply) **SWIMMING POOL** **SPA** **WADER/KID POOL** **INTERACTIVE WATER FEATURE**
FACILITY TYPE: H.O.A. MUNICIPAL RESORT/HOTEL OTHER: _____

CONTRACTOR NAME: _____ **PHONE:** _____
ADDRESS: _____
CITY: _____ **ZIP:** _____
POOL OWNER'S NAME: _____ **PHONE:** _____
ADDRESS: _____
CITY: _____ **ZIP:** _____

WILL THERE BE A CLUBHOUSE? _____ FENCING HEIGHT: _____ ENTRANCE LATCH HEIGHT: _____

POOL #1 Type: _____ Color: _____ Volume: _____ Surface Area: _____ Perimeter: _____
Depth: _____ ft. Estimated Bather Load: _____ Minimum Deck Width: _____ ft. Filter Size: _____
Pump Size: _____ hp Pump Rate: _____ gpm at _____ ft TDH Turn Over rate: _____ (Hrs/Min.) _____ gpm
*Timer Length: _____ minutes *ORP system manufacturer: _____
**Distance between Inlets: _____ ** Drain Manufacturer:: _____ **Sump Depth: _____
†Secondary Disinfection System Method and Manufacturer: _____

**Please indicate an estimated number of the following:
_____ Skimmers _____ Hand Rails _____ Entrances _____ Inlets _____ Main Drains _____ Life Ring _____ Life Hook (Sheppard's hook)
 Check Here If Overflow gutters are to be used instead of skimmers

POOL #2 Type: _____ Color: _____ Volume: _____ Surface Area: _____ Perimeter: _____
Depth: _____ ft. Estimated Bather Load: _____ Minimum Deck Width: _____ ft. Filter Size: _____
Pump Size: _____ hp Pump Rate: _____ gpm at _____ ft TDH Turn Over rate: _____ (Hrs/Min.) _____ gpm
*Timer Length: _____ minutes *ORP system manufacturer: _____
**Distance between Inlets: _____ ** Drain Manufacturer: _____ **Sump Depth: _____
†Secondary Disinfection System Method and Manufacturer: _____

**Please indicate an estimated number of the following:
_____ Skimmers _____ Hand Rails _____ Entrances _____ Inlets _____ Main Drains _____ Life Ring _____ Life Hook (Sheppard's hook)
 Check Here If Overflow gutters are to be used instead of skimmers

If space is needed for additional pools please photo copy this form and attach to the back of this application.

I HEREBY CERTIFY ALL INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT

SIGNATURE _____ DATE: _____

*Required on spa pools
**Required for pools and spas only
† Required for interactive water features

Fees Paid \$ _____
Initials