



CLARK COUNTY PUBLIC HEALTH
1601 E. Fourth Plain Blvd. • P.O. Box 9825
Vancouver, WA 98666-8825
Phone (360) 397-8428 • Fax (360) 397-8091

RECREATIONAL WATER FACILITY PLAN REVIEW AND PERMITTING GUIDE FOR NEW CONSTRUCTION

Preparing to open a new or remodeled recreational water facility requires careful planning. Part of this process includes the approval of those plans by Clark County Public Health (CCPH) before the facility is built or modified. CCPH is one of several agencies from which a permit is necessary before operating.

The Plan Review Application Process

The plan review process requires completion of the application materials. These materials must be submitted to CCPH for review and approval (see contact information above). Approval may be delayed if the application materials are not complete or changes to the materials are needed. Note: Plans must be approved prior to construction.

Following is the CCPH process from material submission to approval for opening:

1. CCPH will look through the materials to make sure they are complete.
2. If the plan review application is complete, it will be examined carefully by a plan reviewer. Application materials are reviewed on a first come first served basis. With a complete application, this process may take up to 10 business days to begin. More time may be required if corrections are needed.
3. **If plans are not approved**, the reviewer will notify the applicant of the necessary changes. The corrections must be submitted for review.
4. Upon approval, a letter will be mailed indicating construction may begin.
5. After main drain pipes have been laid, an onsite inspection with an Environmental Health Specialist must be scheduled before covering.
6. Once construction is complete, schedule a preopening inspection with an Environmental Health Specialist.
7. Payment and application will be processed upon receipt and the permit will be issued.

In addition to the CCPH plan review and permitting requirements, there may be other approvals or permits needed prior to opening for business. Contact the appropriate agency.

Checklist for submittal

The completed plan review application materials must include:

- This cover sheet
- A completely filled out Recreational Water Facility Plan Review Application Form. (Appendix A)
- Recreational Water Facility Plan Review Application Form. (Appendix B)
- Recreational Water Facility Permit Application Form. (Appendix C)
- Recreational Water Facility Questionnaire filled out for EACH pool/spa. (Appendix D)
- Two sets of design plans bearing official stamp of the engineer that include the following information:
 - Vicinity sketch noting pool in relation to surrounding area and facilities.
 - Both plan and cross sectional views of the pool providing information on the radius of curvature of the shallow, breakpoint, and deep ends.
 - Detailed view of the equipment room and equipment within it.
 - Dimensional drawings of pool/spa/wading pool bottom and sidewalls.
 - Piping schematic showing piping, pipe size, inlets, main drains, overflow channel or skimmers, vacuum fittings and all other appurtenances connected to the pool piping system.
 - Details on barrier construction and entry points, including handle heights and/or method for secured entry.
 - Details on decking dimensions noting slope direction and location of drains.
 - Clubhouse plans including restrooms, doors, and windows.
- Equipment information sheets
- Payment of the appropriate amount



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**Appendix A
 Recreational Water Facility Plan Review Application Form**

FACILITY INFORMATION:

NAME: _____ EMAIL _____

SITE ADDRESS: _____ CITY _____ STATE WA ZIP _____

SITE PHONE NUMBER: _____

OWNER INFORMATION:

NAME: _____ EMAIL _____

MAILING ADDRESS: _____ CITY _____ STATE WA ZIP _____

PHONE NUMBER: _____

POOL CONTRACTOR NAME: _____

POOL CONTRACTOR'S MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

CLUBHOUSE CONTRACTOR NAME: _____

CLUBHOUSE CONTRACTOR MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

TYPE – Indicate the number that will be on location

POOL _____ SPA _____ SPRAY PAD _____ WADING POOL _____

POOL HAS : SKIMMERS OVERFLOW GUTTERS

TYPE OF FACILITY – CHECK ONE

HEALTH CLUB APARTMENT HOTEL/MOTEL CONDOMINIUM PUBLIC FACILITY SCHOOL

WILL THERE BE FOOD SERVICE AT THE FACILITY? YES NO

APPLICANT'S SIGNATURE: _____ DATE: _____

CCPH USE ONLY

PLAN REVIEW FEE \$ _____ DATE _____ RECEIPT# _____

RECEIVED BY _____ SR # _____ EHS _____



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Appendix B Recreational Water Facility Permit Application Form

THIS FORM MUST BE COMPLETELY FILLED OUT AND SIGNED FOR A NEW PERMIT OR TO RENEW AN EXISTING PERMIT

FACILITY INFORMATION:
 NAME OF FACILITY _____ EMAIL _____
 SITE ADDRESS _____ CITY _____ STATE WA ZIP _____
 SITE PHONE _____ FAX NUMBER _____
 CAN THE PERMIT BE MAILED TO THE ABOVE SITE ADDRESS: YES NO
 IF NO, WHERE SHOULD THE PERMIT BE MAILED? ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNER INFORMATION:
 BUSINESS or CORPORATION NAME _____
 OWNERSHIP STATUS OF ABOVE: Sole Proprietor Partnership Corporation LLC
 OWNER NAME _____ EMAIL _____
 OWNER MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____
 OWNER PHONE _____ HOME/EMERGENCY CONTACT PHONE _____

BILLING INFORMATION:
 NAME _____ CARE OF _____
 BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____
 BILLING PHONE _____ BILLING FAX NUMBER _____

CPO CERTIFICATION STATUS: A copy of the CPO certificate *IS REQUIRED* to accompany this application for CPO reduced permit fee
 CERTIFIED Yes No
 CPO NUMBER: _____ DATE OBTAINED: _____

PERMITS TO BE PURCHASED:
 TOTAL NUMBER OF ANNUAL PERMITS (5/1 to 4/30 of following year): POOLS _____ SPAS _____ OTHER _____
 TOTAL NUMBER OF SEASONAL PERMITS (5/1 to 10/31 of same year): POOLS _____ SPAS _____ OTHER _____
FEES: FIRST POOL/SPA/OTHER:
 ANNUAL: CPO Certified **\$731** Non-Certified **\$961** SEASONAL: CPO Certified **\$538**, Non-Certified **\$654** FIRST POOL/SPA FEE \$ _____
 TOTAL number of each additional pools/spas/other: _____ x **\$250** TOTAL ADDITIONAL FEE \$ _____
TOTAL DUE \$ _____

The undersigned, as Manager and/or Owner, does hereby make application to operate a Water Recreation Facility in compliance with the Rules and Regulations of the Washington Administrative Code (WAC 246-260), and the Local Board of Health. **I understand that this permit is NON-REFUNDABLE and NON-TRANSFERABLE to a new owner or a new location.**
APPLICANT'S SIGNATURE _____ **DATE** _____

Please notify CCPH of any pool or spa closure in writing, with date of closure or date of intended closure.

FOR OFFICIAL USE ONLY

DATE PAID: _____ INV _____ OW _____ EHA: _____
 AMT RCVD: \$ _____ AR _____ FA _____ SR _____ PR _____



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Appendix C
Recreational Water Facility Questionnaire

NOTE: complete one questionnaire for the entire facility.

Please provide the information requested and complete the appropriate section for the pool, spa, and/or wading pool facility design. Omissions may result in the rejection of plans and/or delays in the plan review process. This questionnaire covers basic requirements. Actual requirements are outlined in the Washington Administrative Code, Chapter 246-260.

CONTACT INFORMATION:

Facility information:

Name _____ Phone/Email _____

Address _____

Owner information:

Name _____ Phone/Email _____

Address _____

Pool/spa contractor information:

Name _____ Phone/Email _____

Design engineer or architect information:

Name _____ Phone/Email _____

General Contractor for clubhouse information:

Name _____ Phone/Email _____

FACILITY INFORMATION

Does this facility fall under the general use or limited use definition? General Limited (e.g. hotel, apartment) If limited, how many stories will the living units be? _____

What is the distance from the pool area to the furthest living unit? _____

Number of pools/spas/other to be constructed: Pools _____ Spas _____ Other _____

Name of public water supply serving this pool facility: _____

BARRIER PROTECTION:

Yes No Will all pools/spas be within the same barrier?

If no, provide information for EACH barrier that will be constructed.

Fence:

Yes No Is a fence being use to secure the barrier?

If yes, are the following requirements met?

Yes No The minimum fence height is 60 inches for a limited use or 72 inches for a general use pool.

Yes No The gates self-close and self-latch.

Yes No The gates and lockable for periods of non-use.

Clubhouse or other built structures:

Yes No Will there be any doors or windows leading from a building to the pool deck?

If yes, are the following requirements met?

Yes No The windows facing the pool deck secured to not open beyond 4 inches.

Yes No The doors are secured by a 60 inch handle height or locked entry (key or fob).

Yes No All the doors are self-closing, self-latching.

Yes No The doors are not designated fire egress doors.



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RESTROOMS, LOCKER ROOMS & PLUMBING FIXTURES:

Indicate number of the following that will be provided:

Toilets: _____ Urinals: _____ Sinks: _____ Dressing rooms: _____
 Showers designed to allow a private full body shower: _____ Diaper changing stations: _____
 Hose Bibs: on pool deck: _____ in each restroom: _____ in each equipment room: _____

PUMP ROOM:

- Yes No Will all equipment be stored in one pump room?
(If no, provide pump room information for EACH pump room that will be constructed.
Are the following requirements met?
 Yes No There is a minimum of three-foot working area to access equipment.
 Yes No The pump room floor slopes to floor drain.
 Yes No Lighting meets minimum of 20 ftcd.
 Yes No Pump room is lockable.
 Yes No Are valves provided to allow for isolation during maintenance.
 Yes No The pump room will be ventilated.

CHEMICAL STORAGE AND TESTING:

Disinfectant chemical type/name: _____
 Disinfectant form: Liquid Gas Granule Tablet Other (specify) _____
 Number of pounds of disinfectant able to be added per day with the feeding equipment: _____ pounds/day
Are the following requirements met?
 Yes No The chemicals are stored in an enclosed lockable room that is ventilated.
 Yes No Chemical had adequate space for separation of chemicals and adherence to manufacturers recommendations.
 Yes No The chemicals are protected from water.
 What test kit will be used for daily water quality testing: _____
 Where will you store daily testing and treatment logs: _____

EMERGENCY EQUIPMENT:

Note the location of the emergency equipment provided including:
 For all facilities:
 Phone or other means to contact emergency medical service response: _____
 First aid kit: _____
 An emergency blanket: _____
 For non-lifeguarded pools:
 Solid 12 foot or longer reaching pole with attached double crook life hook: _____
 Life buoy (ring), with a rope the width of the pool or 50 feet: _____
 For life guarded pools (*Note: lifeguard certificates must be available for inspection*):
 Rescue tube or buoy: _____
 Backboard: _____
 Lifeguard chairs: _____
 For spas:
 Emergency shut-off switch within 25 feet of the spa that shuts off all pumps and has an audible alarm: _____

CONTROL OF BATHERS:

Location of pool/spa rule signs meeting minimum requirements outlined in WAC 246-260-131 (5) (*Signage requirements can be provided upon request*) _____



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Appendix D - 1

Pool/Spa Questionnaire (fill out a separate form for each pool/spa)

Name of Facility: _____

GENERAL POOL/SPA/OTHER INFORMATION

- New Modification Addition
 Pool Spa Other: _____
 Outdoor Indoor

Dimensions: length _____ width _____ Depth range: shallow _____ deep _____
 Surface area ≤ 5 ft deep: _____ square feet Surface area > 5 ft deep: _____ square feet
 Pool/spa surface construction material: _____ Color of the pool surface: _____

POOL DECKING

Construction material: _____ Type of non-slip finish provided: _____
 Deck Drainage method: _____ Rate of slope for deck: _____
 Yes No Pool depth markings (with "feet" or "ft") are provided on the deck.
 Yes No Pool depth markings (with "feet" or "ft") are provided on the sides of the pool/spa walls.

STEPS

For each set of stairs note on the following:
 Step riser height in inches _____ Step riser tread in inches _____ Surface area of first step _____ "
 Yes No N/A The steps are uniform
 Yes No N/A Stairs are marked in a contrasting color to ensure visibility.

INLETS AND OUTLETS NOTE: CCPH will be requiring images of the main drain pipes before they are covered.

Yes No N/A The skimmers are installed with equalizer lines or an alternative method to prevent air lock.
 Yes No N/A Two or more main drains are provided with a minimum spacing of 3 feet.
 Yes No N/A All main drain pipes the same diameter.
 Maximum velocity through main drains assuming 100% of maximum pump flow going through the drains: _____ fps
 (Maximum 1.5fps)
 Name of public water supply serving this pool facility: _____
 Yes No N/A The make-up water is protected from backflow

REQUIRED EQUIPMENT INFORMATION:

Yes No Have you provided a full equipment list for each pool and/or spa being reviewed?
 CCPH requires the equipment spec sheets for the following. Check all the product specification you have provided:
 Pump Filter Skimmers Chemical feeders Main drain/equalizer line covers
 Jet pump (if applicable) Ventilation systems (if applicable)
 Maximum filter application rate with pump clean is _____ g/SF Flow rate when the filter is dirty: _____ gpm.
 What is the maximum flow rate of the pump (not designed flow rate): _____
 What is the total dynamic head: _____
 Describe any special design features (slides, diving boards, ledges, benches, safety covers, etc.). Note additional spec sheets may be required: _____

