ORANGE COUNTY
HEALTH DEPARTMENT

www.orangecountync.gov

Environmental Health Services
P.O. Box 8181, 131 W. Margaret Lane Suite 100
Hillsborough, NC 27278
PHONE: 919-245-2360
FAX 919-644-3006

PUBLIC SWIMMING POOL PLAN REVIEW APPLICATION

Facility Name	**Email**		
Address	**City**	**State**	**Zip**
County	**Phone**		

Owner	**Email**		
Firm			
Address	**City**	**State**	**Zip**
Phone	**Fax**		

Architect/Engineer	**Registration Number**	**Email**	
Firm			
Address	**City**	**State**	**Zip**
Phone	**Fax**		

Builder	**Email**		
Address	**City**	**State**	**Zip**
Phone	**Fax**		

New Construction: ☐ **Alteration/renovation:** ☐

Pool Type:		
Shallow: ☐	Diving: ☐	Slide Pool: ☐
Combination: ☐	Wading: ☐	Spa: ☐
Multi Area / Water Recreation Attraction: ☐	Other:	

Type Of Companion Facility:			
None: ☐	Motel / Hotel: ☐	Apartment: ☐	Condominium: ☐
Mobile Home Park: ☐	Campground: ☐	Other:	

Select All That Apply:	
Indoor: ☐	Year-round: ☐
Outdoor: ☐	Seasonal: ☐

Water Supply:
☐ Public:_____ ☐ On-site

Sewage disposal:
☐ Public_____ ☐ On-site

Pool Basin:
Pool surface area:_____ft^2 Perimeter:_____ft.
Volume:____ft^3, _____gal Maximum Bather Load:_____persons
Turnover: Required_____hrs.; Designed_____hrs. Recirculation Rate: _____gpm

The owner shall submit a nonrefundable $280.00 plan review fee along with a minimum of two complete sets of plans for each pool or spa to the local Health Department for review.

All Prints of drawing shall be a minimum of 18 x 24 inches and a maximum size of 36 x 42 inches. These plans shall include:

(1) Plan and sectional view dimensions of both the pool and the area enclosed by the barrier fences to include the bathhouse and the equipment room and pool accessories;

(2) Specifications of all treatment equipment used and their layout in the equipment room;

(3) A piping schematic showing piping, pipe size, inlets, main drains, skimmers, gutter outlets, vacuum fittings and all other appurtenances connected to the pool-piping system;

(4) Layout of the chemical storage room; and

(5) Specifications for the water supply and wastewater disposal systems that include aspects such as well location and backwash water disposal where applicable.

I hereby certify that the information in this application is correct, and I understand that any deviation without prior approval from the Health Department may nullify plan approval. If construction is not initiated within one year from the date of approval, the approval shall be voided.

Signature: _____ **Date:**_____