



**ORANGE COUNTY
HEALTH DEPARTMENT**

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

www.orangecountync.gov

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: <input type="checkbox"/>	Diving: <input type="checkbox"/>	Slide Pool: <input type="checkbox"/>
Combination: <input type="checkbox"/>	Wading: <input type="checkbox"/>	Spa: <input type="checkbox"/>
Multi Area / Water Recreation Attraction: <input type="checkbox"/>	Other: _____	

Type Of Companion Facility:			
None: <input type="checkbox"/>	Motel / Hotel: <input type="checkbox"/>	Apartment: <input type="checkbox"/>	Condominium: <input type="checkbox"/>
Mobile Home Park: <input type="checkbox"/>	Campground: <input type="checkbox"/>	Other: _____	

Select All That Apply:	
Indoor: <input type="checkbox"/>	Year-round: <input type="checkbox"/>
Outdoor: <input type="checkbox"/>	Seasonal: <input type="checkbox"/>

Water Supply:

Public: _____

Sewage disposal:

On-site Public _____ On-site

Pool Basin:

Pool surface area: _____ ft² Perimeter: _____ ft.

Volume: _____ ft³, _____ gal Maximum Bather Load: _____ persons

Turnover: Required _____ hrs.; Designed _____ hrs. Recirculation Rate: _____ gpm

The owner shall submit a nonrefundable \$250.00 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: _____