



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.*

#### The completed plan review application materials must include:

1. Recreational Water Facility Plan Review Application Cover Sheet. (Appendix A)
2. Recreational Water Facility Plan Review Application Form. (Appendix B)
3. Recreational Water Facility Permit Application Form. (Appendix C)
4. Recreational Water Facility Questionnaire. (Appendix D)
5. Two sets of design plans.
6. Equipment spec sheets.
7. Payment of the appropriate plan review fee. Additional hourly fees may be applied depending on circumstances.

#### 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.**



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**Appendix A**

**Recreational Water Facility Plan Review Application Coversheet**

Place this cover sheet on top of the plans. All of the following information must be submitted in the following order. **Incomplete plans will not be accepted until all required information is received.** Only completed plans will be processed and reviewed.

NAME OF FACILITY _____			
SITE ADDRESS _____	CITY _____	STATE <u>WA</u>	ZIP _____
SITE PHONE NUMBER _____		EMAIL _____	

OWNER'S NAME _____			
MAILING ADDRESS _____	CITY _____	STATE <u>WA</u>	ZIP _____
PHONE NUMBER _____		EMAIL _____	

Please check if item included	Item	Information required	Public Health notes
<input type="checkbox"/>	Recreational Water Facility Plan Review Application Form	Application must be complete. Do not write "same as above." (Appendix B)	
<input type="checkbox"/>	Recreational Water Facility Permit Application Form	Application must be complete. Do not write "same as above." (Appendix C)	
<input type="checkbox"/>	Recreational Water Facility Information Questionnaire	Respond to each question with detail. (Appendix D)	
<input type="checkbox"/>	Pool/Spa Questionnaire	A separate questionnaire must be filled out for each pool/spa. (Appendix E)	
<input type="checkbox"/>	<b>Two</b> copies of the original plans	Refer to Appendix F for requirements.	
<input type="checkbox"/>	Spec sheets for equipment	Include spec sheets for the following equipment if applicable: 1. Circulation pump 2. Jet pump 3. Filter 4. Chemical feeders 5. VGB covers 6. Skimmers NOTE: The spec sheets are usually one or two pages (operation manuals are not necessary).	
<input type="checkbox"/>	Plan review payment	See attached fee schedule	

**FOR OFFICIAL USE ONLY**

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



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

FACILITY INFORMATION:

NAME: \_\_\_\_\_ EMAIL \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE WA ZIP \_\_\_\_\_

SITE PHONE NUMBER: \_\_\_\_\_

OWNER'S INFORMATION:

NAME: \_\_\_\_\_ EMAIL \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SITE PHONE NUMBER: \_\_\_\_\_

CONTRACTOR'S NAME: \_\_\_\_\_

CONTRACTOR'S MAILING ADDRESS: \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL: \_\_\_\_\_

ENGINEER'S NAME: \_\_\_\_\_

ENGINEER'S 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 C 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 D Recreational Water Facility Questionnaire

Please provide the information requested and complete the appropriate section for the pool, spa, and/or wading pool facility design. **NOTE: complete one questionnaire for the entire facility.** 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.

**GENERAL INFORMATION:**

Facility information:

Name \_\_\_\_\_ Phone/Email \_\_\_\_\_

Address \_\_\_\_\_

Owner's information:

Name \_\_\_\_\_ Phone/Email \_\_\_\_\_

Address \_\_\_\_\_

Pool/spa contractor information:

Name \_\_\_\_\_ Phone/Email \_\_\_\_\_

Design engineer or architect information:

Name \_\_\_\_\_ Phone/Email \_\_\_\_\_

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

**BARRIER PROTECTION:**

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

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

What is the minimum barrier height? \_\_\_\_\_ (inches, feet).

Describe the physical barriers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Latch height at least 60 inches:  Yes  No
- If no, doors and/or gates to pool key access only:  Yes  No  N/A
- All gates and/or doors self-closing, self-latching:  Yes  No
- All gates and/or doors lockable for periods of non-use:  Yes  No

**RESTROOMS, LOCKER ROOMS & PLUMBING FIXTURES:**

Indicate distance between the pool and nearest restroom/showering location: \_\_\_\_\_

Indicate number of the following that will be provided:

Toilets: \_\_\_\_\_ Showers: \_\_\_\_\_ Sinks: \_\_\_\_\_ Dressing rooms: \_\_\_\_\_ Diaper changing stations: \_\_\_\_\_

Shower design allows for a private full body shower:  Yes  No  N/A

Drinking fountains provided:  Yes  No

**PUMP ROOM:**

All equipment be stored in one pump room:  Yes  No

***(If no, provide pump room information for EACH pump room that will be constructed.)***

A minimum of three-foot working area to access equipment:  Yes  No

Pump room floor slopes to floor drain:  Yes  No

Lighting meets minimum of 20 ftcdl:  Yes  No

Pump room is lockable:  Yes  No

How will pump room be ventilated: \_\_\_\_\_



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**CHEMICAL STORAGE:**

Describe how chemicals will be stored: \_\_\_\_\_

Chemicals protected from water:  Yes  No  
Room enclosed and able to be locked:  Yes  No  
Room ventilated according to ASHRAE requirements:  Yes  No  
Test kit to be used for daily water quality testing: \_\_\_\_\_  
Location of monthly 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: \_\_\_\_\_

Signs include all the minimum requirements outlined in WAC 246-260-131 (5):  Yes  No

*Signage requirements can be provided upon request.*





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**INLETS AND OUTLETS**

Number of inlets: \_\_\_\_\_  
Skimmers installed with equalizer lines:  Yes  No  N/A  
Minimum of two main drains indicated on the plans with a minimum spacing of 3 feet?  Yes  No  N/A  
Brand and model number of the VGB drain covers to be used? \_\_\_\_\_

All main drain pipes the same diameter: Yes  No  N/A

**NOTE: Clark County Public Health will be requiring images of the main drain pipes before the pool/spa/other is covered.**

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: \_\_\_\_\_  
Describe how the make-up water is protected from backflow: \_\_\_\_\_

**POOL/SPA EQUIPMENT:**

*Pump:*

Pump strainer provided:  Yes  No  N/A

*Filter:*

Type: DE\_\_\_\_ Sand\_\_\_\_ Cartridge\_\_\_\_ Other? (specify)\_\_\_\_\_.

Specify make and model of filter: \_\_\_\_\_

Filter NSF approved:  Yes  No  N/A

Number of square feet per filter: \_\_\_\_\_ SF

Number of filters used \_\_\_\_\_

Maximum filter application rate with pump clean is \_\_\_\_g/SF

Flow rate when the filter is dirty: \_\_\_\_\_gpm.

Two gauges provided to measure differential pressure across the filter:  Yes  No

*Ventilation:*

For indoor pools, make and model of ventilation system to be used: \_\_\_\_\_

*Chemical Feeders:*

Make and model of NSF approved disinfectant feeder: \_\_\_\_\_

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

Make and model of NSF approved feeder for controlling pH (required on pools 50,000 gals or more, or if feeding caustic soda or CO2): \_\_\_\_\_



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## **Appendix F Requirements for Submitted Plan**

Two copies must be provided.

The plans must include:

1. One vicinity sketch noting pool/spa/wading pool in relation to surrounding area and facilities.
2. Both plan and cross sectional views of the pool/spa/wading pool. Cross sectional views should provide information on the radius of curvature of the shallow, breakpoint and deep ends of the pool.
3. Detailed view of the equipment room and equipment within it.
4. Dimensional drawings of pool/spa/wading pool bottom and sidewalls.
5. 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.
6. Details on barrier construction and entry points, including handle heights and/or method for secured entry.
7. Details on decking dimensions noting slope direction and location of drains.
8. Clubhouse information if applicable.
9. Must have engineer stamp and signature