

Department of Health and Human Services
Environmental Health Program
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Public Health
 Prevent. Promote. Protect.

PUBLIC POOL PLAN REVIEW APPLICATION
Public Swimming Pool, Spa, Wading, Water Park

An application is hereby made to construct the following swimming pool, Spa, Wading and Water Park facility. It is understood that a construction permit issued under this application must be received by the owner or his legal agent prior to any actual work on the project. (Please fill out one application for each unit)

Name of Facility: _____

Location: _____, Oregon
street number city zip code

Name and Address of:

OWNER street number city zip phone number

BUILDER street number city zip phone number

ARCHITECT OR ENGINEER street number city zip phone number

Type of Facility: (please check one)

- ☐ Swimming Pool ☐ Wading Pool ☐ Spa Pool ☐ Water Feature/Fountain

The above pool or facility is to be operated in conjunction with a:

Please check all that apply:

- ☐ Travelers Accommodation ☐ School
☐ Mobile Home Park ☐ Homeowner's Association
☐ Apartments ☐ Recreational Park
☐ Condominiums ☐ Other: _____

All permits and licenses shall terminate one year after being issued. It is agreed that the above described facility will be constructed in compliance with the plans and specifications as approved by the Washington County Department of Health and Human Services and will be operated subject to the provisions of Oregon Revised Statutes, Chapter 448 and Oregon Administrative Rules, Chapter 333.

Signature of Applicant or Authorized Representative:

Print Name: _____

Date _____

DO NOT WRITE IN THE SPACE BELOW – For Office Use Only

Fee Received: _____

Ck/MO# _____

Receipt: _____

Received By: _____

Date: _____

Approved? _____

EQUIPMENT SPECIFICATIONS

Facility Name: _____

Location: _____

Each item listed below must be completed before your application for a pool construction permit will be accepted. For those items that do not apply, please fill in a NA (not applicable).

1. **Pump:** (recirculating) a) Manufacturer: _____ b) Model Number: _____
(include pump curve) c) Horsepower: _____ d) GPM @ 60 TDH: _____

2. **Pump:** (hydrotherapy only) a) Manufacturer: _____ b) Model Number: _____
(include pump curve) c) Horsepower: _____ d) GPM @ 45 TDH: _____

3. **Filter:** a) Manufacturer: _____ b) Model Number: _____
c) Square Feet: _____ d) Type: _____

4. **Skimmer:** a) Manufacturer: _____ b) Throat Width: _____
*FR = Flow Rate c) *FR at skimmer: _____ d) *FR at 2 ft/sec: _____

5. **Main Drain:** (label corresponding number on piping schematic)
#1 a) Manuf: _____ b) Type: _____ c) Open Area: _____
#2 a) Manuf: _____ b) Type: _____ c) Open Area: _____
#3 a) Manuf: _____ b) Type: _____ c) Open Area: _____
#4 a) Manuf: _____ b) Type: _____ c) Open Area: _____

6. **Return Inlets:** a) Manufacturer: _____ b) Model Number: _____
d) Flow per Inlet: _____

7. **Hydrostatic Relief Valve:** (size) _____

8. **Chlorinator:** a) Manuf: _____ b) Model #: _____ c) Type: _____

9. **Water Heater:** a) Manuf: _____ b) Model #: _____ c) Fuel: _____
b) Capacity (BTU's): _____

10. **Piping:** (type)
(size) a) Recirculating Returns: _____
b) Main Drain: _____
c) Skimmer: _____
d) Hydrotherapy: _____

11. **Deck Material:** (and finish) _____

12. **Method of Drainage:** _____

13. **Underwater Light:** Number: _____ Wattage: _____

In addition to the equipment list, plans must also accompany the application. Each set must contain the following (labeled and to scale):

1. Plan review.
2. Cross-section through steps and main drain.
3. Overall plan showing pool in relation to other facilities in area.
4. Detailed view of equipment room layout.
5. Vicinity map.
6. Piping schematic showing pipe size, inlets, main drains, skimmers, vacuum fittings.