Application to Construct, Install, Remodel, or Modify a Public Swimming Pool

To construct or remodel a public pool, please complete this form, and submit to your local health department, along with plans and specifications.

1. Type of work
   - [ ] Construct or Install a facility
   - [ ] Remodel or modify a facility

2. [ ] Commercial
   - [ ] Residential

3. Community Served:
   - [ ] Fitness/Athletic
   - [ ] Institution
   - [ ] Multi-Family
   - [ ] Hotel/Motel
   - [ ] Single family homes
   - [ ] Swim club
   - [ ] Mixed use (single/multi-family)
   - [ ] Other: ___________________________

4. Type of Pool:
   - [ ] Swimming pool
   - [ ] Spa (whirlpool)
   - [ ] Wading (baby) pool
   - [ ] Specialized water attraction (slide / lazy river / interactive play / scuba training, etc.)

5. Bather Load: ________

6. Initial below to indicate an emergency telephone and required signage will be provided in the pool area. Initials: ________

7. Pool Surface Area: ________ ft²

8. Water Supply
   - [ ] Municipal
   - [ ] Other

9. Sewage Disposal:
   - [ ] Municipal
   - [ ] Other

10. Backwash Wastewater Disposal:
    - [ ] Sanitary sewer
    - [ ] Sump pit with 6” air gap
    - [ ] Other

11. Barrier type: ___________________________
    - Height: ________ ft.

12. Drawings Provided:
    - [ ] Site layout
    - [ ] Surface view of pool
    - [ ] toilet/restroom
    - [ ] Cross-section of pool
    - [ ] Equipment Room
    - [ ] Equipment schematics
    - [ ] Chemical room
    - [ ] Piping plan

13. [ ] Two sets of plans provided, 18 x 24 inches minimum.

14. [ ] Specification sheets provided

15. Name of Owner: ______________________________________________________________________

16. Address of Owner: _____________________________________________________________________

17. Phone: Office (______) ______ - ________    Mobile (______) ______ - ________

18. Facility Location: _____________________________________________________________________

19. Name of Contractor: ___________________________________________________________________

20. Address of Contractor: __________________________________________________________________

21. Phone: Office (______) ______ - ________    Mobile (______) ______ - ________

The undersigned person hereby agrees that the contents of this application are true. It is understood that an approval applied for herein shall be void and of no effect if any of the above facts are not true.

____________________________________  _______________________
Owner/Representative                  Date of Application

For assistance, please contact:
Rutherford Co. EH: (828) 287-6317
McDowell Co. EH: (828) 652-2921

RPM 4001.058
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