

APPLICATION FOR A PERMIT TO CONSTRUCT / ALTER A PUBLIC SWIMMING POOL, SPA POOL, OR BATHHOUSE



Jackson County Environmental Public Health Public Swimming Pool Program

1000 E Main Street, Suite 2 (Location)
1005 E Main Street (Mailing)
Medford OR 97501
Phone: (541) 774-8206
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PLEASE COMPLETE A SEPARATE
APPLICATION FOR EACH POOL

I AM HEREBY MAKING APPLICATION TO CONSTRUCT/ALTER THE FOLLOWING SWIMMING POOL OR FACILITY.
I UNDERSTAND THAT A CONSTRUCTION/ ALTERATION PERMIT ISSUED UNDER THIS APPLICATION MUST BE
RECEIVED **PRIOR** TO ANY ACTUAL WORK ON THE PROJECT.

Facility Name			
Address	City	State	Zip+4
County	Phone		

Owner			
Firm			
Address	City	State	Zip+4
Phone	FAX		

Architect / Engineer			
Firm			
Address	City	State	Zip+4
Phone	FAX		
Oregon Registered - Architect_____ Engineer_____			

Builder	Project Contact Person		
Address	City	State	Zip+4
Phone	FAX		

Bathhouse: <input type="checkbox"/>	New Construction: <input type="checkbox"/>	Alteration/Renovation: <input type="checkbox"/>
Pool Type:	Indoor: <input type="checkbox"/>	<input type="checkbox"/> Shallow: <input type="checkbox"/> Diving: <input type="checkbox"/>
General-Use: <input type="checkbox"/>	Outdoor: <input type="checkbox"/>	<input type="checkbox"/> Combination: <input type="checkbox"/> Wading: <input type="checkbox"/>
Limited-Use: <input type="checkbox"/>	Year-around: <input type="checkbox"/>	<input type="checkbox"/> Slide Plunge: <input type="checkbox"/> Zero- Depth: <input type="checkbox"/>
Spa: <input type="checkbox"/>	Seasonal:	<input type="checkbox"/> Multi Area / Water
Other <input type="checkbox"/>	W: <input type="checkbox"/> S: <input type="checkbox"/>	Recreation Attraction:
Other: _____		

Office Use Only:	
Check Amount	Check Number
Variances	Variance #
Y___ N___	
Date Received (mm/dd/yyyy)	
/	/
34-720 (08/11)	

**POOL OR BATHHOUSE OPERATION WITHOUT A VALID
LICENSE IS A VIOLATION OF OREGON LAW.**

Type of Companion Facility: None ___ Motel/Hotel___ Apartment___ Condo___

Mobile Home Park___ Campground___ Other_____

POOL BASIN:

Pool Surface Area (sq.ft.)_____ Perimeter(ft.)_____ Volume (cu.ft.)_____ (gal.)_____

Max. Bather Load (RND Down)_____ Turnover-(hrs)(Required___ Designed___) Recirc. Rate(gpm)_____

PUMP: (Please submit a pump curve.)

Recirculation - Make/Model_____ Hp_____ GPM @ 40' TDH_____ 60' TDH_____

Jet (Spas) - Make/Model_____ Hp_____ GPM _____ @design_____ -ft.TDH

FILTERS: ANSI/NSF 50 LISTED - YES ___ IF NO SELECT A LISTED FILTER, OR PROVIDE DOCUMENTATION

Filter - Make/Model_____ # of filters_____ Filter type: Sand___ D.E. ___ Cartridge___

Surface area/filter(sq. ft.)_____ Tot. Flow(gpm)_____ Pressure_____ Vacuum_____ (Provide Gauges !)

PIPING AND FITTINGS:

Piping - Meets ANSI/NSF Standard 14 (Y/N)___ Velocity **less than** 6 ft./sec - suction, 10 ft./sec - pressure(Y,N)___

Piping type_____ Schedule_____ Inlets- Make/Model_____ Number of_____

Skimmer - Make/Model_____ ANSI/NSF Listed_____ Number provided_____

(Provide equalizer line / valve / float control fittings.) (Pools with one skimmer - plumb equalizer line to main drain)

Gutter - Length_____ Outlet pipe size_____ spacing_____ ft. (One outlet - show flow calculations)

Surge Capacity(gallons)_____ Tank effective size(ft) Length_____ Width_____ Depth_____

Main Drain - Make/Model_____ No. of_____ Total Open area(sq.in.)_____

Suction Fittings must comply with OAR 333-060-0128 or OAR 333-062-0103 and the Virginia Graeme Baker Act.

DISINFECTION:

Disinfectant - Chlorine/Bromine - Type _____ Secondary Disinfectant _____

Ozone provided - Show on plans, and provide equipment information

Disinfectant feeder - Make/Model _____ Cap.(ppm/pool volume/24 hr) _____

ANSI/NSF Standard 50 Listed YES ___ IF NO - PROVIDE AN ANSI/NSF LISTED FEEDER OR SYSTEM

POOL FILL / WASTE DISPOSAL:

Pool Fill - Potable Water Supply (Treated/Well Supply) _____ Safe Test (Date)___/___/___

Air-gap connection___ Air-break / vacuum breaker___ R/P valve (Make,Model)_____

Waste Disposal - Air Gap connection to Septic___ Holding___ Municipal___ Other_____

BATHHOUSE:

Fixtures - Toilets - M ___ F ___ Urinals - M ___ Lavatory - M ___ F ___ Showers - M ___ F ___

LIGHTING: Submerged lighting provided (Y/N)___

Watts/sq.ft. of deck provided _____ Submerged lighting watts/sq.ft.of pool surface provided _____

Submitted herewith is pertinent information with respect to a public swimming pool or spa pool, including ___ identical sets of plans and specifications as it is to be constructed. All sets bear my signature and registration seal. I certify that the pool, as designed, is structurally stable, safe and meets the minimum standards of Oregon Administrative Rules, Chapter 333-60, Public Swimming Pools, or Chapter 333-62, Public Spa Pools. The correct fee for plan review has been included.

Signature/Designer: _____ Date: _____ Registration Number: _____

I attest that the above designer is submitting plans, under my direction, for public pool construction. Upon completion, I will comply with the requirements of the appropriate administrative rules governing my pool.

Signature/Owner _____ Date _____

**PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH POOL
PLEASE ATTACH FEES PAYABLE TO JACKSON COUNTY**