

Guidelines for Pool/Spa Designers Plan Submittal Procedures



Revised June 21, 2017

In an effort to provide you with the best service and turn-around on pool and spa plan reviews, we are asking that you follow these plan submittal procedures. We are attempting to gather the information upfront, in a more usable format that will expedite the review process.

Please use the [“APPLICATION FOR A PERMIT TO CONSTRUCT / ALTER A PUBLIC SWIMMING POOL, SPA POOL, OR BATHHOUSE”](#). The following Local Public Health Authorities (LPHA) do their own plan review, and charge fees that may be different than state fees. Contact the LPHA program with jurisdiction for specifics:

- Clackamas County 503.655.8384
- Deschutes County 541.322.7400
- Jackson County 541.774.8206
- Marion County 503.588.5346
- Multnomah County 503.988.3400
- Washington County 503.846.8722
- Yamhill County 503.434.7525

The state does plan reviews and construction inspections for pools in all other areas of the state.

There are several steps in a public pool project.

1. Submittal of plans, specifications, and fees to the reviewing agency. (Include specification sheets for drains, pumps, filters, chemical feeders, chemistry readers, auto-fill devices, and any other equipment associated with system.)
2. Review and approval of the submitted plans.
3. Review and approval/rejection of any variance requests (by the Oregon Health Authority only).
4. Issuance of a construction permit by the reviewing agency.
5. Review by any other agencies - building/plumbing/electrical (**not part of process handled by the health department plan review staff**).
6. Construction of pool.
7. Interim inspections as required by reviewing agency.
8. Final construction inspection (by reviewing agency) when the pool is complete and operational. If it is ready, it will be released to be licensed by the LPHA for **operation**.
9. Fees paid, application completed, **operational** license issued, and administered by LPHA in the county the facility is located.

All the LPHAs issue pool operational licenses and conduct routine inspections.

Guidelines for Pool Designers Plan Submittal Procedures

June 21, 2017

Plan Submittal

A well-designed and detailed pool plan will help to speed up the review process. If the plan is incomplete or doesn't show sufficient detail, we may require additional information to be submitted, slowing the process. Details that are not shown clearly are often missed by the installation crew, causing annoying and sometimes expensive fixes. Listed below are some suggestions for detail and drawings to include with your plan submittal.

1. Complete an application form for **each pool basin** submitted, don't try to do two pools on one sheet. Make sure that all the information listed below is provided as well as ensuring all fields on the application are completed.
2. Have complete plans showing (but not limited to):
 - A. Location Plat - with geographic information so we can locate the facility.
 - B. Site Plan - Elevations, storm and sanitary sewers, potable water supplies, appurtenances, associated building structures, landscaping, and geography within 5 feet of outside of fence etc.
 - C. Overall view of the pool basin, equipment room, bathhouse or toilet facilities, deck equipment locations, deck drains, food service areas, bleachers, etc. Don't forget the GFCI protection!
 - D. Longitudinal Section - through the pool showing slope, depths, wall construction, deck surfaces, etc.
 - E. Cross Sections - through the pool at the main drains, and through steps or ladder detail.
 - F. Equipment Room Detail - a view showing the size and layout of the room.
 - G. Equipment and Piping Schematic - showing equipment, valving, pipe sizes, inlets, suction outlets, skimmers or gutters, vacuum fittings, pool drain system, etc..
 - H. Cross-connection - detail drawings are helpful, showing the air-gap connections to the potable water supply or equivalent protection, and to the waste water disposal system.
 - I. Information or drawings showing the enclosure, gates and latches, hardware installation elevations, and window stops on appropriate windows.
 - J. HVAC information – natatorium air exchanges, fresh air introduction, location of vents and returns.
 - K. Specification sheets for all equipment, including a *completed* pump curve for each pump and design Total Dynamic Head (TDH.)

Following the guidance above will help ensure a smooth and timely plan review.

Please call Paul Reeves at (971) 673-0448 or e-mail at paul.j.reeves@state.or.us, if you have any questions.

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

PLEASE COMPLETE A SEPARATE
APPLICATION FOR EACH POOL (Review fee -\$300 per pool)

Checks Payable to "Oregon Health Authority."

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

State of Oregon
Oregon Health Authority
Public Health Division
Public Swimming Pool Program
800 NE Oregon Street, Suite 640
Portland, Oregon 97232-2162
Phone (971) 673-0448
FAX (971) 673-0457



Facility Name			
Address	City	State	Zip+4
County	Phone		
Owner			
Firm			
Address	City	State	Zip+4
Phone	FAX		
Architect / Engineer		Contact E-mail address	
Firm			
Address	City	State	Zip+4
Phone	FAX		
Oregon Registered - Architect _____ Engineer _____			
Builder		Project Contact Person	
Address	City	State	Zip+4
Phone	Cell Contact Number		
E-mail Address	FAX		

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

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

Office Use Only:	
Plan Number	_____ - _____
Check Amount	Check Number
Variates	Variance #
Y ___ N ___	
Acct #	Amt. \$
50206-51157 2130	\$200.00
50206-51157 2135	\$100.00
Date Received (mm/dd/yyyy)	/ /

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

Mobile Home Park___ Campground___ Fitness___ Other_____

POOL BASIN:

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_____ : or

GPM Approved	Variable Frequency Drive Pump – Normal Operating GPM_____ Operating Hours_____
	Proposed Minimum Operating GPM_____ Operating Hours_____

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___ Other___

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_____ **(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* _____

***Show on plans, and provide equipment information. Ozone must be plan approved**

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

ANSI/NSF Standard 50 Listed YES___ (IF "NO" - PROVIDE STANDARD 50 LISTED FEEDER)

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-total lumens_____ Overhead lighting – Lux/sq.ft. of deck _____

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/Pool Owner_____ Date_____

**PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH POOL
PLEASE ATTACH FEES (\$300.00 per pool basin)
PAYABLE TO THE "OREGON HEALTH AUTHORITY"**



**PUBLIC POOL
LICENSE APPLICATION**

Establishment ID: _____
Owner ID: _____
For office use only

PUBLIC SWIMMING POOL, SPA, RECREATIONAL BATHING AREA

- Swim. Pool Spa Pool Wading Pool Spray Pool Special Use Pool
- Indoor Outdoor
- General Use Limited Use
- Annual Seasonal
- Hotel/Motel/RV School/Camp/Municipal/County Apt/Condo/Mobile Home Park
- New Constr. Remodel Existing Facility
- Change of Ownership Former establishment name: _____

Establishment Name: _____

Establishment Physical Address: _____

Establishment Billing Address: _____

Establishment Phone #: _____ Other On Site Phone #: _____

Owner/Applicant Name: _____

- Individual Corporation Partnership Other: _____

Do you own other establishments licensed by the Health Dept.? No Yes

Name(s): _____

Owner Physical Address: _____

Owner Billing Address: _____

Owner Phone #: _____

Owner Cell #: _____

Owner Fax #: _____

Owner E-mail: _____

This application is made as required by Oregon Revised Statutes, Chapter 448, and is subject to compliance with these statutes and administrative rules thereunder. I certify that the facility is in compliance with the provisions of ORS 448, the rules adopted pursuant thereto, and that the information given in the above application is complete and accurate to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Mail application and check payable for \$_____ to your local Environmental Health Office at:

FOR OFFICE USE ONLY

Fee received: _____ Date: _____
 Cash Check# _____ Money Order

Inspected by: _____ Date: _____
 Approved Not Approved

Curry County
Environmental Health Fee Schedule
2018-2019



Food Service

Full Service

Seat Range		Fee
0	15	\$750.00
16	50	\$850.00
51	150	\$950.00
Each additional seat over 150		\$6.15

Limited Service

Limited Service Facility	\$557.00
--------------------------	----------

Mobile Unit

Class 1	\$378.00
Class 2	\$378.00
Class 3	\$378.00
Class 4	\$823.00
Licensed Unit Inspection	\$25.00

Food Vending

Seat Range		Fee
1	10	\$267.00
11	20	\$413.00
21	30	\$542.00
31	40	\$614.00
41	50	\$691.00
51	75	\$742.00
76	100	\$799.00
101		\$1,353.00

Miscellaneous Food Service

Plan Review*	\$580.00
Food Handler Card	\$10.00
Duplicate Card	\$5.00

Other Food Service

Bed and Breakfast	\$307.00
Commisary*	\$496.00
Warehouse	\$336.00

Temporary Restaurant

Benevolent	\$60.00
Non-benevolent*	\$215.00
Operating without a license	Double Fee

Pools And Spas

First Unit	\$683.00
Each Additional Unit	\$426.00
Plan Review / Const. Permit	\$1,147.00

Lodging

Hotel, Motel, RV Park

Unit Range		Fee
0	10	\$419.00
11	25	\$496.00
26	50	\$586.00
51	75	\$664.00
76	100	\$836.00
Each additional unit over 100		\$7.15

Other Lodging

Bed And Breakfast Lodging	\$332.00
Organizational Camp	\$378.00
Picnic Park	\$378.00
Plan Review	\$554.00
Exempt facility Inspection	\$284.00

Schools/Daycare Inspection

School w/ food prep	\$564.00
School w/o food prep	\$258.00
Daycare Center	\$100.00
Reinspection	\$100.00

Water Systems Inspection

Inspection (Includes Real Estate)	\$534.00
-----------------------------------	----------

Late Penalty/Payment Plans

Opening after Oct 1	50% Discount
---------------------	--------------

Late Fee - per month	\$100.00
----------------------	----------

Add 4% for all bills paid via credit card