

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

Marion County Health &
Human Services
Environmental Health Division

3160 Center St NE,
Salem, Oregon 97301
Phone (503) 588-5346
FAX (503) 566-2986

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
I MUST RECEIVE PLAN APPROVAL **PRIOR** TO PERFORMING ANY
WORK ON THE PROJECT.



Marion County
OREGON
Health & Human Services

Facility Name			
Address	City	State	Zip
County	Phone		

Owner			
Firm			
Address	City	State	Zip
Phone	Email		

Architect / Engineer			
Firm			
Address	City	State	Zip
Phone	Email		
Oregon Registered - Architect _____ Engineer _____			

Builder		Project Contact Person	
Address	City	State	Zip
Phone	Email		

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

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

Office Use Only:		
Approved		Not Approved
Comments:		
Reviewed by:	Date:	
Variations	Y__ N__	Variance #
Cash	Money Order	Amount
Check#	Card	\$ _____.
Receipt#	Date Received (mm/dd/yyyy)	
	/	/
MCEH (08-20)		

Type of Companion Facility: None ___ Motel/Hotel ___ Apartment ___ Condo ___ **Side 2 of 2**

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 approval 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/SPA
 MAKE CHECKS PAYABLE TO:
 MARION COUNTY ENVIRONMENTAL HEALTH
 3160 CENTER ST NE,
 Salem, OR 97301**