



**ORANGE COUNTY  
HEALTH DEPARTMENT**

Environmental Health Services  
P.O. Box 8181, 131 W. Margaret Lane Suite 100  
Hillsborough, NC 27278  
PHONE: 919-245-2360  
FAX 919-644-3006

[www.orangecountync.gov](http://www.orangecountync.gov)

**PUBLIC SWIMMING POOL PLAN REVIEW APPLICATION**

<b>Facility Name</b>	<b>Email</b>		
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>County</b>	<b>Phone</b>		

<b>Owner</b>	<b>Email</b>		
<b>Firm</b>			
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone</b>	<b>Fax</b>		

<b>Architect/Engineer</b>	<b>Registration Number</b>	<b>Email</b>	
<b>Firm</b>			
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone</b>	<b>Fax</b>		

<b>Builder</b>	<b>Email</b>		
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone</b>	<b>Fax</b>		

<b>New Construction:</b> <input type="checkbox"/>	<b>Alteration/renovation:</b> <input type="checkbox"/>
---	--

<b>Pool Type:</b>		
Shallow: <input type="checkbox"/>	Diving: <input type="checkbox"/>	Slide Pool: <input type="checkbox"/>
Combination: <input type="checkbox"/>	Wading: <input type="checkbox"/>	Spa: <input type="checkbox"/>
Multi Area / Water Recreation Attraction: <input type="checkbox"/>	Other: <input type="checkbox"/>	

<b>Type Of Companion Facility:</b>			
None: <input type="checkbox"/>	Motel / Hotel: <input type="checkbox"/>	Apartment: <input type="checkbox"/>	Condominium: <input type="checkbox"/>
Mobile Home Park: <input type="checkbox"/>	Campground: <input type="checkbox"/>	Other: _____	

<b>Select All That Apply:</b>	
Indoor: <input type="checkbox"/>	Year-round: <input type="checkbox"/>
Outdoor: <input type="checkbox"/>	Seasonal: <input type="checkbox"/>

**Water Supply:**

Public: \_\_\_\_\_

On-site

**Sewage disposal:**

Public: \_\_\_\_\_

On-site

**Pool Basin:**

Pool surface area: \_\_\_\_\_ ft<sup>2</sup> Perimeter: \_\_\_\_\_ ft.

Volume: \_\_\_\_\_ ft<sup>3</sup>, \_\_\_\_\_ gal Maximum Bather Load: \_\_\_\_\_ persons

Turnover: Required \_\_\_\_\_ hrs.; Designed \_\_\_\_\_ hrs. Recirculation Rate: \_\_\_\_\_ gpm

**The owner shall submit a nonrefundable plan review fee along with a minimum of two complete sets of plans for each pool or spa to the local Health Department for review. Please call 919-245-2360 for plan review fee.**

All Prints of drawing shall be a minimum of 18 x 24 inches and a maximum size of 36 x 42 inches. These plans shall include:

- (1) Plan and sectional view dimensions of both the pool and the area enclosed by the barrier fences to include the bathhouse and the equipment room and pool accessories;
- (2) Specifications of all treatment equipment used and their layout in the equipment room;
- (3) A piping schematic showing piping, pipe size, inlets, main drains, skimmers, gutter outlets, vacuum fittings and all other appurtenances connected to the pool-piping system;
- (4) Layout of the chemical storage room; and
- (5) Specifications for the water supply and wastewater disposal systems that include aspects such as well location and backwash water disposal where applicable.

I hereby certify that the information in this application is correct, and I understand that any deviation without prior approval from the Health Department may nullify plan approval. If construction is not initiated within one year from the date of approval, the approval shall be voided.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_