

HEALTH DEPARTMENT



3450 Broadway
 Boulder, CO 80303
 441-1100

REQUEST FOR POOL DESIGN REVIEW

Taken from the Swimming Pool and Mineral Bath Regulations

Date: _____

Name of Pool:		Phone:	
Address:		Phone:	
Name of Owner:		Phone:	
Address:		Phone:	
Name of Builder:		Phone:	
Address:		Phone:	

General Information:

Pool:

Length:		Width:		Shape:	
Construction:		DEPTH Minimum:		Maximum:	
Capacity:	gal.s.	Surface Area:	sq.ft.	Bather Load:	

Spa/Hot tub:

Capacity:	gals.	Surface Area:	sq.ft.	Construction:	
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Decks (Pool): New ____ Change ____ No Change ____

Size:		Construction:		Finish:		Slope:	
Drains provided?		Type:		Location:			
Hose bibs provided?		Fencing (describe)					
Depth markers provided?		Pool Wall?		Deck?		Letter Size:	

Decks (Spa): New ____ Change ____ No Change ____

Size:		Construction:		Finish:		Slope:	
Drains provided?		Type:		Location:			
Hose bibs provided?		Fencing (describe)					
Depth markers provided?		Pool Wall?		Deck?		Letter Size:	

Water Supply (Pool): New ____ Change ____ No Change ____

Source:		Fill Spouts:		Location:			
Air gap provided on spill spout? (Approved reduced pressure principle backflow preventer)							

Water Supply (Spa): New ____ Change ____ No Change ____

Source:		Fill Spouts:		Location:			
Air gap provided on spill spout? (Approved reduced pressure principle backflow preventer)							

Waste Disposal (Pool): New ____ Change ____ No Change ____

Backwash water to sanitary sewer?		Indirect Connection:	
Sight glass provided?		Location:	

Waste Disposal (Spa): New ____ Change ____ No Change ____

Backwash water to sanitary sewer?		Indirect Connection:	
Sight glass provided?		Location:	

Other:	

Equipment (Pool): New _____ Change _____ No Change _____

Main Drain (Number):		Size:		Pipe Size:			
Skimmers: One per 500 sq. ft. of surface area. Minimum of two. Number				Size:			
Make:		Model:		Equalizer line provided?			
Overflow gutters (if used): Surge tank provided?				Outlet pipe size:			
Distance between outlets:		Make:		Model:			
Inlets: Number:		Discharge depth:		Distance between inlets:			

Equipment (Spa): New _____ Change _____ No Change _____

Main Drain (Number):		Size:		Pipe Size:			
Skimmers: One per 500 sq. ft. of surface area. Minimum of two. Number				Size:			
Make:		Model:		Equalizer line provided?			
Overflow gutters (if used): Surge tank provided?				Outlet pipe size:			
Distance between outlets:		Make:		Model:			
Inlets: Number:		Discharge depth:		Distance between inlets:			

Pumps: New _____ Change _____ No Change _____

	Make:	Model:	HP:	Capacity (GPM @ 60 Tdh)
Pool:				
Wading Pool:				
Spa/Hot tub:				
Other:				

Filters: New _____ Change _____ No Change _____

	Type:	Make:	Model:	Capacity (gpm)
Pool:				
Wading Pool:				
Spa/hot tub:				
Other:				

Gauges (Pool): New _____ Change _____ No Change _____

Flow gauge provided:		Located:	
Pressure gauge(s) provided:		Suction cleaning provided:	

Gauges (Spa): New ____ Change ____ No Change ____

Flow gauge provided:		Located:	
Pressure gauge(s) provided:		Suction cleaning provided:	

Heater: New ____ Change ____ No Change ____

	Make	Model	BTU	Comments
Pool:				
Wading Pool:				
Spa/hot tub:				
Other:				

Electrical GFI's: Mech. Room		Bath/dressing Room		Pool Complex	
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Disinfection System(Pool): New ____ Change ____ No Change ____

Chlorine:		Bromine:		Other:		Grating:	
Equipment: Make:		Model:		Type Gas:		Erosion:	Hypo:
Gas System: Separate Room		1 foot window in door:		Gas Mask:			
Exhaust vent within 6 inches of floor level:		Intake located near ceiling:					
Exhaust fan automatically activated:							
How?							
Leakage test kit:		Safety Brackets:					
Hypo systems: Regulator provided:		Backflow/back siphonage features:					

Disinfection System(Spa): New ____ Change ____ No Change ____

Chlorine:		Bromine:		Other:		Grating:	
Equipment: Make:		Model:		Type Gas:		Erosion:	Hypo:
Gas System: Separate Room		1 foot window in door:		Gas Mask:			
Exhaust vent within 6 inches of floor level:		Intake located near ceiling:					
Exhaust fan automatically activated:							
How?							
Leakage test kit:		Safety Brackets:					
Hypo systems: Regulator provided:		Backflow/back siphonage features:					

Other Equipment: New ____ Change ____ No Change ____

Diving boards: Number:		Water depth:		Board Height:		Headroom:		Horizontal Separation:	
Lights: Number:		Make:		Model:		Watts:			
Ladders provided?		Location:		Steps:					
Lifesaving equipment:		Safety line:							
Other:									

Bathroom Facilities: New ____ Change ____ No Change ____

	Showers	Toilet Rooms	Dressing Rooms
Floors (Construction)			
Walls (Construction)			
Ceilings (Construction)			
Drainage			
Ventilation			

Fixtures: New ____ Change ____ No Change ____

	Showers	Toilet Rooms	Dressing Rooms
Male			
Female			

Turnover rates: New ____ Change ____ No Change ____

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Pool:		Wading Pool:	
Spa/Hot tub:		Other:	

Additional Comments: