Recreational Water Printable Application and Plan Review Documents

- Recreational Water Permit Application
- Plan Review Guide for New Construction
- Plan Review Guide for existing pools/spas changing ownership
- Plan Review Guide for Remodels and Renovations

Permit # _____

Date Issued_____

Date Mailed_____

Receipt # _____

Date Paid _____

Date Expires_____

Phone: (806)-378-9472
Fax: (806)-378-3585

ehealth@amarillo.gov

Amarillo Area Public Health District

Swimming Pool, Spa, PIWF Operational Permit Application

Name of Establishment: _____

Establishment Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Establishment Contact Information: Phone: _____ Fax: _____ Email: _____

Name of Owner or Corporation:_____ Attention: _____

Owner's Mailing Address: _____ City: _____ State: _____ Zip: _____

Owner's Contact: Phone: _____ Fax: _____ Email: _____

Which best describes this application: Change of Owner ☐ New Establishment ☐

Check all that applies:

	Pool	Spa	PIWF	Annual	Seasonal	Built Pre 10-99	Built Post 10-99	Indoor	Outdoor	Diving board/slide
Unit 1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Unit 2	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Unit 3	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

We recommend that you familiarize yourself with the City Ordinances and the Texas Administrative Code Standards for Swimming Pools, Spas and PIWF regarding the laws established for operation of public swimming pools, spas and PIWF.

Applicant's signature_____ Date _____

Mail Application and Permit Fee To
Environmental Health Department
PO Box 1971
Amarillo, TX 79105-1971

Physical Address
Environmental Health Department
808 S. Buchanan
Amarillo, TX 79101

November 2019

AMARILLO AREA PUBLIC HEALTH DISTRICT

Cities of Amarillo, Canyon, the Villages of Timbercreek Canyon, Lake Tanglewood, Palisades, the Town of Bishop Hills, and Potter and Randal County
CITY OF AMARILLO, P. O. Box 1971, Amarillo, TX, 79105-1971
Phone: (806) 378-9472 Fax: (806) 378-3585
Email: ehealth@amarillo.gov

For office use only:	
Receipt #	
Date Paid	
Permit #	
Mailed	

Swimming Pool/Wading Pool/Spa/PIWF Plan Review
To be completed by the operator and/or the contractor
Fee: $150

Date:		Opening Day:	

Submission and Review of Plans:

Prior to operating a public or semi-public recreational body of water, extensively remodeling an existing recreational body of water, or a change to the ownership of a recreational body of water, the owner/operator shall submit existing plans or new plans and specifications for construction or remodeling to the Environmental Health Department, as well as the Building Safety Department for review. This plan review, fully completed, and one set of plans must be submitted before Environmental Health Staff will approve or deny. Failure to include all requested material will delay the processing of your request. After plans are approved, and construction is deemed complete, the owner/operator must apply for an operational permit and pass inspection by an Environmental Health officer prior to opening the pool to patrons.

Facility Name:		Owner:	
Facility phone:		Manager phone:	
Physical Address:		Mailing Address:	
Email:			
Contractor Name:		Contractor Phone:	
Contractor Email:			

Type	☐Pool ☐Spa ☐Wading ☐PIWF	Location	☐Indoor ☐Outdoor
Operational Period	☐Annual ☐Seasonal	Construction/remodel date (PIWF ONLY)	☐Pre-2010 ☐Post-2010
Construction/remodel date (pool, spa, wading)	☐Pre-'99 ☐Post- '99	Secondary Disinfectant (PIWF ONLY):	
Reason for plan review:	☐New Construction ☐Existing/Change of Owner ☐Remodel Please provide all documentation listed below that is relevant to your situation.		

Definitions

- **Public Pool** (25 TAC 265.182 (51))
    - For purposes of the rules in this subchapter related to safety, operation and management, signage and enclosures, pools are classified and referred to as follows: any man-made permanently installed or non-portable structure, basin, chamber, or tank containing an artificial body of water that is maintained or used expressly for public recreation, swimming, diving, aquatic sports, or other aquatic activity. Public pools include but are not limited to activity pools, catch pools, lazy or leisure river pools, wave action pools, vortex pools, therapy pools, and wading pools. A public pool may be publicly or privately owned and may be operated by an owner, lessee, operator, licensee, or concessionaire. A fee for use may or not be charged. The term does not include a residential pool, artificial swimming lagoon, floatation system or chamber, or a body of water that continuously recirculates water from a spring.
- **Class A** (25 TAC 265.182 (51)(A))
    - Any pool maintained or used, with or without a fee, for accredited competitive events such as FINA, United States Swimming, United States Diving, NCAA, or National Federation of State High School Association events. A Class A pool may also be used for recreational swimming.
- **Class B** (25 TAC 265.182 (51)(B))
    - Any pool maintained or used for public recreation and open to the general public with or without a fee.
- **Class C** (25 TAC 265.182 (51)(C))
    - Any pool that is not a Class A or B pool that is limited to occupants, members, or students and their guests, but not to the general public. It is a pool operated for and in conjunction with:
        - (i) lodging, such as hotels, motels, apartments, condominiums, RV parks, or mobile home parks;
        - (ii) youth camps, property owner associations, private organizations, or clubs; or
        - (iii) schools, colleges, or universities while operated for academic or continuing education classes.
- **Class F (Wading Pool)** (25 TAC 265.182 (76))
    - A pool with a maximum water depth that is no greater than 18 inches. A wading pool may contain a PIWF.
- **Spa** (25 TAC 265.182 (54))
    - A body of water intended for the immersion of persons in either hot or cold water circulated in a closed system and not intended to be drained and refilled after each use. A spa can include a filter, heater, a pump or pumps, blowers, and water sanitizing equipment. The term includes a swim spa or exercise spa.
- **Annual**
    - Best for an indoor facility. This permit is valid year-round.
- **Seasonal** (Municode Sec. 8-15-16 (c)(2))
    - Best for a facility that only operates in the summer. This permit is valid March 1-October 31.
- **Diving Facilities**
    - Diving boards, diving platforms, starting blocks, etc.
- **Public Interactive Water Feature (PIWF)** (25 TAC 265.182 (49))
    - A PIWF includes any indoor or outdoor installation maintained for public recreation that includes water sprays, dancing water jets, waterfalls, dumping buckets, or shooting water cannons in various arrays for the purpose of wetting the persons playing in the spray streams.
- **Secondary Disinfectant**
    - Supplemental water treatment system consisting of UV light disinfection, ozone, weekly hyperchlorination (pre-2010 only), or other NSF/ANSI 50 product or process approved by the department which protects the public against infection by the parasite, *Cryptosporidium.*
- **Co-mingled** (25 TAC 265.182 (49))
    - Shares a water supply, disinfection system, filtration system, circulation system, or other treatment system that allows water to co-mingle with a pool.
- **Stand-alone** (25 TAC 265.182 (49))
    - Splash pad, spray pad, or wet deck.

CITY OF AMARILLO®
ENVIRONMENTAL HEALTH

Facility:			
Permit name:		Permit #	

New Construction

Please complete the following information as listed in the engineered plans provided by the contractor.

Total Volume (gallons)		Dimensions (feet) Rectangle: length & width Circle: diameter or radius	
Minimum Depth (feet)		Maximum Depth (feet)	
Design Flow Rate (gpm)		Turnover Rate (hours)	
Number of Return Inlets		Number of Skimmers	
Number of Main Drains		Make/Model of Drain Covers	
Pipe Diameter (inches) and Strength (select one)	☐Sch 40 ☐Sch 80 ☐Other	Pipe Material (select all that apply)	☐ABS Pipe ☐Stainless Steel Pipe ☐CPVC Pipe/tubing ☐Copper/copper-alloy tubing ☐PVC Hose ☐PVC Pipe
Pump Make/Model		Air Blower Make/Model	
Filter Make/Model		Heater Make/Model	
Chemical Feed Make/Model		Secondary Disinfectant Make/Model.	
Return/Suction Fittings Material (select all that apply)	☐ABS Pipe ☐Stainless Steel Pipe ☐CPVC Pipe/tubing ☐PVC Pipe ☐Copper/copper-alloy tubing	Skimmers Make/Model	
Number of hose bibbs servicing the pool deck		Certified Pool Technician/Operator Name and Expiration Date	
Method of filling the unit (select all that apply)	☐Autofill ☐Manual Valve ☐Hose	Disinfectant to be used	☐Chlorine ☐Bromine
If outdoors, maintenance plan for off season:			

Please provide the following documents:

From the engineered plans provided by the contractor:

☐Plan of entire project site showing the location of the following units:

- Each pool/spa/wading pool/PIWF
- Staff buildings
- Pump/equipment room
- Chemical storage area

☐Unit plans including the following information:

- Depth markers – locations and font sizes
- Actual depth at each depth marker (floor to waterline)
- "NO DIVING" tiles – locations and font sizes
- Lights
- Skimmers
- Fill line, if installed
- Hose bibbs servicing the deck
- Return inlets
- Location of all required emergency equipment

☐Equipment and Chemical Storage Room plans including the following information:

- Plumbing detail – pipe diameter and direction of flow
- Gauges – types and locations
- Air transfer in and out of chemical storage area if indoors

☐Fence plans including the following information:

- Enclosure type
- Measurements of all dimensions of fence spacing
- Latch type
- Latch height

☐Detailed description of all posted signs including font sizes.

Other required documentation:

☐RPZ inspection if installed.

☐Written circulation system operation instructions.

☐Copies of the manufacturer's instructions for each piece of equipment installed.

☐Copies of the Safety Data Sheets for each chemical stored on-site.

☐Copy of the Certified individual's valid CPO or CPT certification.

☐A spare drain cover matching the installed drain cover.

I hereby certify that the above information is correct, and I fully understand that any deviation from the approved plans without prior permission from City of Amarillo Developmental Services Office may nullify final approval.

Name: _____

Phone number: _____

Email: _____

Signature: _____

Owner(s) or responsible representative(s)

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required by federal, state, or local government. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre- opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing recreational water facilities.

AMARILLO AREA PUBLIC HEALTH DISTRICT

Cities of Amarillo, Canyon, the Villages of Timbercreek Canyon, Lake Tanglewood, Palisades, the Town of Bishop Hills, and Potter and Randal County
CITY OF AMARILLO, P. O. Box 1971, Amarillo, TX, 79105-1971
Phone: (806) 378-9472 Fax: (806) 378-3585
Email: ehealth@amarillo.gov

For office use only:	
Receipt #	
Date Paid	
Permit #	
Mailed	

Swimming Pool/Wading Pool/Spa/PIWF Plan Review
To be completed by the operator and/or the contractor
Fee: $150

Date:		Opening Day:	

Submission and Review of Plans:

Prior to operating a public or semi-public recreational body of water, extensively remodeling an existing recreational body of water, or a change to the ownership of a recreational body of water, the owner/operator shall submit existing plans or new plans and specifications for construction or remodeling to the Environmental Health Department, as well as the Building Safety Department for review. This plan review, fully completed, and one set of plans must be submitted before Environmental Health Staff will approve or deny. Failure to include all requested material will delay the processing of your request. After plans are approved, and construction is deemed complete, the owner/operator must apply for an operational permit and pass inspection by an Environmental Health officer prior to opening the pool to patrons.

Facility Name:		Owner:	
Facility phone:		Manager phone:	
Physical Address:		Mailing Address:	
Email:			
Contractor Name:		Contractor Phone:	
Contractor Email:			

Type	☐Pool ☐Spa ☐Wading ☐PIWF	Location	☐Indoor ☐Outdoor
Operational Period	☐Annual ☐Seasonal	Construction/remodel date (PIWF ONLY)	☐Pre-2010 ☐Post-2010
Construction/remodel date (pool, spa, wading)	☐Pre-'99 ☐Post- '99	Secondary Disinfectant (PIWF ONLY):	
Reason for plan review:	☐New Construction ☐Existing/Change of Owner ☐Remodel Please provide all documentation listed below that is relevant to your situation.		

Definitions

- **Public Pool** (25 TAC 265.182 (51))
    - For purposes of the rules in this subchapter related to safety, operation and management, signage and enclosures, pools are classified and referred to as follows: any man-made permanently installed or non-portable structure, basin, chamber, or tank containing an artificial body of water that is maintained or used expressly for public recreation, swimming, diving, aquatic sports, or other aquatic activity. Public pools include but are not limited to activity pools, catch pools, lazy or leisure river pools, wave action pools, vortex pools, therapy pools, and wading pools. A public pool may be publicly or privately owned and may be operated by an owner, lessee, operator, licensee, or concessionaire. A fee for use may or not be charged. The term does not include a residential pool, artificial swimming lagoon, floatation system or chamber, or a body of water that continuously recirculates water from a spring.
- **Class A** (25 TAC 265.182 (51)(A))
    - Any pool maintained or used, with or without a fee, for accredited competitive events such as FINA, United States Swimming, United States Diving, NCAA, or National Federation of State High School Association events. A Class A pool may also be used for recreational swimming.
- **Class B** (25 TAC 265.182 (51)(B))
    - Any pool maintained or used for public recreation and open to the general public with or without a fee.
- **Class C** (25 TAC 265.182 (51)(C))
    - Any pool that is not a Class A or B pool that is limited to occupants, members, or students and their guests, but not to the general public. It is a pool operated for and in conjunction with:
        - (i) lodging, such as hotels, motels, apartments, condominiums, RV parks, or mobile home parks;
        - (ii) youth camps, property owner associations, private organizations, or clubs; or
        - (iii) schools, colleges, or universities while operated for academic or continuing education classes.
- **Class F (Wading Pool)** (25 TAC 265.182 (76))
    - A pool with a maximum water depth that is no greater than 18 inches. A wading pool may contain a PIWF.
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    - A body of water intended for the immersion of persons in either hot or cold water circulated in a closed system and not intended to be drained and refilled after each use. A spa can include a filter, heater, a pump or pumps, blowers, and water sanitizing equipment. The term includes a swim spa or exercise spa.
- **Annual**
    - Best for an indoor facility. This permit is valid year-round.
- **Seasonal** (Municode Sec. 8-15-16 (c)(2))
    - Best for a facility that only operates in the summer. This permit is valid March 1-October 31.
- **Diving Facilities**
    - Diving boards, diving platforms, starting blocks, etc.
- **Public Interactive Water Feature (PIWF)** (25 TAC 265.182 (49))
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- **Co-mingled** (25 TAC 265.182 (49))
    - Shares a water supply, disinfection system, filtration system, circulation system, or other treatment system that allows water to co-mingle with a pool.
- **Stand-alone** (25 TAC 265.182 (49))
    - Splash pad, spray pad, or wet deck.

Facility:			
Permit name:		Permit #	

Change of Owner

Please provide the following information. Ensure all measurements are accurate.

Total Volume (gallons)		Dimensions (feet) Rectangle: length & width Circle: diameter or radius	
Minimum Depth (feet)		Maximum Depth (feet)	
Design and/or Actual Flow Rate (gpm)		Turnover Rate (hours)	
Number of Return Inlets		Number of Skimmers	
Are there equalizer lines installed on skimmers?	☐Yes ☐No	If yes, Make/Model of Equalizer Line Covers	
Number of Main Drains		Make/Model of Drain Covers	
Installation Date of Drain Covers		Installation Date of Equalizer Line Covers	
Pipe Diameter (inches) and Strength (select one)	☐Sch 40 ☐Sch 80 ☐Other	Pipe Material (select one)	☐ABS Pipe ☐Stainless Steel Pipe ☐CPVC Pipe/tubing ☐Copper/copper-alloy tubing ☐PVC Hose ☐PVC Pipe
Pump Make/Model		Air Blower Make/Model	
Filter Make/Model		Heater Make/Model	
Chemical Feed Make/Model		Secondary Disinfectant Make/Model.	
Return/Suction Fittings Material		Skimmers Make/Model	
Number of hose bibbs servicing the pool deck		Certified Pool Technician/Operator Name and Expiration Date	

Method of filling the unit (select one)	☐Autofill ☐Manual Valve ☐Hose	Disinfectant to be used	☐Chlorine ☐Bromine
If outdoors, maintenance plan for off season:			

Please provide the following documents:

☐A screen shot of a bird's eye view of the entire property site showing the location of the following units:

- Each pool/spa/wading pool/PIWF
- Staff buildings
- Pump/equipment room
- Chemical storage area

☐A photo or sketch of the unit labeling the following items:

- Depth markers – locations and font sizes
- Actual depth at each depth marker (floor to waterline)
- "NO DIVING" tiles – locations and font sizes
- Lights
- Skimmers
- Fill line, if installed
- Hose bibbs servicing the deck
- Return inlets
- Location of all required emergency equipment

☐Photos or sketches of the Equipment and Chemical Storage Rooms providing the following information:

- Plumbing detail – pipe diameter and direction of flow
- Gauges – types and locations
- Air transfer in and out of chemical storage area if indoors

☐Photos of the barrier providing the following information:

- Enclosure type
- Measurements of all dimensions of fence spacing
- Latch type
- Latch height

☐A photo of each sign labeled with the font size of that sign.

Other required documentation:

☐RPZ inspection if installed.

☐Written circulation system operation instructions.

☐Copies of the manufacturer's instructions for each piece of equipment installed.

☐Copies of the Safety Data Sheets for each chemical stored on-site.

☐Copy of the Certified individual's valid CPO or CPT certification.

☐A spare drain cover matching the installed drain cover.

I hereby certify that the above information is correct, and I fully understand that any deviation from the approved plans without prior permission from City of Amarillo Developmental Services Office may nullify final approval.

Name: _____

Phone number: _____

Email: _____

Signature: _____

Owner(s) or responsible representative(s)

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Date:		Opening Day:	

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Facility Name:		Owner:	
Facility phone:		Manager phone:	
Physical Address:		Mailing Address:	
Email:			
Contractor Name:		Contractor Phone:	
Contractor Email:			

Type	☐Pool ☐Spa ☐Wading ☐PIWF	Location	☐Indoor ☐Outdoor
Operational Period	☐Annual ☐Seasonal	Construction/remodel date (PIWF ONLY)	☐Pre-2010 ☐Post-2010
Construction/remodel date (pool, spa, wading)	☐Pre-'99 ☐Post- '99	Secondary Disinfectant (PIWF ONLY):	
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    - Shares a water supply, disinfection system, filtration system, circulation system, or other treatment system that allows water to co-mingle with a pool.
- **Stand-alone** (25 TAC 265.182 (49))
    - Splash pad, spray pad, or wet deck.

Facility:			
Unit #		Permit #	
Permit name:			

Remodel

Please provide **all** of the following information. Ensure all measurements are accurate.

Total Volume (gallons)		Dimensions (feet) Rectangle: length & width Circle: diameter or radius	
Minimum Depth (feet)		Maximum Depth (feet)	
Design and/or Actual Flow Rate (gpm)		Turnover Rate (hours)	
Number of Return Inlets		Number of Skimmers	
Are there equalizer lines installed on skimmers?	☐Yes ☐No	If yes, Make/Model of Equalizer Line Covers	
Number of Main Drains		Make/Model of Drain Covers	
Installation Date of Drain Covers		Installation Date of Equalizer Line Covers	
Pipe Diameter (inches) and Strength (select one)	☐Sch 40 ☐Sch 80 ☐Other	Pipe Material (select one)	☐ABS Pipe ☐Stainless Steel Pipe ☐CPVC Pipe/tubing ☐Copper/copper-alloy tubing ☐PVC Hose ☐PVC Pipe
Pump Make/Model		Air Blower Make/Model	
Filter Make/Model		Heater Make/Model	
Chemical Feed Make/Model		Secondary Disinfectant Make/Model.	
Return/Suction Fittings Material		Skimmers Make/Model	
Number of hose bibbs servicing the pool deck		Certified Pool Technician/Operator Name and Expiration Date	

Method of filling the unit (select one)	☐Autofill ☐Manual Valve ☐Hose	Disinfectant used	☐Chlorine ☐Bromine
If outdoors, maintenance plan for off season:			

Please provide the following documents:

☐A scope of work from the contractor listing all work to be done.

Please select all that apply and provide the appropriate documentation for the category of work to be done.

☐Complete major remodel of the entire facility

- Please provide all required documents listed on the “New Construction” pages

☐Pool surface, coping, waterline, stairs, ladders, recessed treads

- A photo or sketch of the unit labeling the following items:
  - Depth markers – locations and font sizes
  - Actual depth at each depth marker (floor to waterline)
  - “NO DIVING” tiles – locations and font sizes
  - Lights
  - Skimmers
  - Fill line, if installed
  - Return inlets
  - A spare drain cover matching the installed drain cover.

☐Circulation system equipment and/or plumbing

- Most recent RPZ inspection if installed
- Written circulation system operation instructions
- Copies of the manufacturer’s instructions for each piece of equipment installed.
- Photos or sketches of the Equipment and Chemical Storage Rooms providing the following information:
  - Plumbing detail – pipe diameter and direction of flow
  - Gauges – types and locations
  - Air transfer in and out of chemical storage area if indoors
- Copies of the Safety Data Sheets for each chemical stored on-site.

☐Barrier(s)

- Photos of the barrier providing the following information:
  - Enclosure type
  - Measurements of all dimensions of fence spacing
  - Latch type
  - Latch height

☐Other (please describe):

_____

_____

_____

I hereby certify that the above information is correct, and I fully understand that any deviation from the approved plans without prior permission from City of Amarillo Developmental Services Office may nullify final approval.

Name: _____

Phone number: _____

Email: _____

Signature: _____

Owner(s) or responsible representative(s)

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