

Environmental Health Services Division 645 Parfet Street, Lakewood, CO 80215
TEL: (303) 232-6301 FAX: (303) 271-5760 jeffco.us/public-health

SWIMMING POOL AND SPA PLAN REVIEW APPLICATION
Instructions and Application Form

USE THIS PACKET TO HAVE PLANS FOR CONSTRUCTING A SWIMMING POOL OR SPA OR REMODELING AN EXISTING POOL OR SPA REVIEWED AND APPROVED BY THE DEPARTMENT.

INSTRUCTIONS

The following must be submitted to process your plan review request:

1. *Completed plan review application (pgs 1-6)*
2. *Plans of pool and associated facilities prepared or approved by a Colorado registered professional engineer.*
3. *Equipment specification sheets for heaters, pumps, filters and disinfection units*
4. *Other required documents as listed on the application*
5. *Check, with appropriate fee (below), payable to Jefferson County Treasurer*

PLAN REVIEW FEES (check payable to Jefferson County Treasurer, cash and credit cards accepted in person only)

- *Application fee (payable at time of application)* \$ 100.00
- *Plan review fees (payable at time of pre-op approval)* \$ 75.00 per hour

ROUTINE INSPECTION FEES

Pool and Spa inspection fees are based on the season of operation. See fees below

- *Year-Round Pools/Spas* \$ 225.00
- *Seasonal Pools/Spas* \$ 150.00

NOTE

Approval of the Department is required for the construction of all PUBLIC and SEMI-PUBLIC POOLS in Jefferson County. PRIVATE pools such as those at condominium and apartment complexes are exempt from this requirement. However, the Department will perform such a review upon submission of this packet, fee, and the appropriate drawings and plans.

PROCESSING TIME

Please allow 10-14 days for review. Incomplete applications or missing plans or documents will delay this process.

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JEFFERSON COUNTY PUBLIC HEALTH

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Page
1 of 6
FORM 5100

FACILITY NAME: _____

FACILITY ADDRESS: _____

TYPE OF FACILITY (check ONLY one)

- Public (recreation center, public park - open to the general public)
- Semi-public (hotel/motel, mobile home park, child care center)
- Semi-public (health club or spa - open to members and guests only)
- Private (apartment, condominium or multi-family complex)

POOL OPERATION: Seasonal Year-round

TYPE OF CONSTRUCTION: New Remodel

FEE: \$100.00

PART I – CONTACT INFORMATION

Primary _____
Address _____
City/ST/Zip _____
Phone (_____) _____ Fax(_____) _____
Email: _____

Designer _____
Phone (_____) _____ Fax(_____) _____
Email: _____

Owner _____
Address _____
City/ST/Zip _____
Phone (_____) _____ Fax(_____) _____
Email: _____

ESTIMATED OPENING DATE FOR FACILITY: _____

PART II – WATER AND SEWER

POTABLE WATER SUPPLY

as Water service must be provided either by a public water district or a well which has been approved a non-community water system and assigned a public water system identification number (PWSID).

Please indicate the source of water for the facility:

- () INDIVIDUAL WATER WELL
Provide PWSID number _____
- () PUBLIC WATER SYSTEM
Name of Water District _____

WASTEWATER DISPOSAL

Wastewater disposal must be provided either by a public sewer system or an onsite wastewater treatment system that has been designed and approved for that purpose.

Please indicate the method of wastewater disposal for the facility.

- () ONSITE WASTEWATER TREATMENT SYSTEM
Provide permit number _____
- () PUBLIC SEWER SYSTEM
Name of Sewer District _____

PART III – CONSTRUCTION SPECIFICATIONS

MAIN POOL

Water surface: TOTAL SURFACE AREA _____ sq ft
 Area with depth greater than 3 ½ ft _____ sq ft

Skimmers: Number _____
 Make _____ Model _____
 Size _____

Pool capacity: _____ gallons
 Turnover rate: _____ hours
 Bather load: _____ persons

Pool surface finish: () Concrete (painted and sealed)
 () Tile
 () Pre-formed synthetic liner
 () Other _____

Diving board?
 () NO
 () YES - Number _____ Board height _____ ft
 Headroom _____ ft Horiz. separation _____ ft
 Water depth _____ ft

WILL BATH HOUSE FACILITIES BE PROVIDED?

- () NO – Location of bather shower : _____
- () YES – complete chart below

	Shower rooms	Toilet Rooms	Dressing Rooms
Floors (construction)			
Walls (construction)			
Ceilings (construction)			
Proper ventilation?			
Proper drainage?			
Fixtures – (Mens Rm)*			
Fixtures – (Womens Rm)*			

*How will hot water for the above fixtures be provided?

- () Pool heater will provide hot water
- () Hot water from external source (hotel boiler, etc)
- () Separate water heater – you must provide specification sheet that includes efficiency and rate of recovery

PART IV – MECHANICAL SCHEDULE

PUMPS

Please provide the following information regarding the pool pump(s):

	Make	Model	HP	Capacity (GPM)
Main Pool				
Wading Pool				
Spa / Hot Tub				

HEATERS

Please provide the following information regarding the pool heaters(s):

	Make	Model	BTU	Recovery Rate
Main Pool				
Wading Pool				
Spa / Hot Tub				

FILTERS

Please provide the following information regarding the pool filters(s):

	Make	Model	Type*	Capacity (GPM)
Main Pool				
Wading Pool				
Spa / Hot Tub				

* Filter types are: DE (Diatomaceous earth) CT (Cartridge)
 SF (Sand filter) OT (Other – specify)

PART V – DISINFECTION

DISINFECTION CHEMICAL USED:

- () Chlorine () Bromine () Ozone
() Other (specify) _____

METHOD OF DISINFECTION (check one):

- () Gas* Make _____ Model _____
() Erosion Make _____ Model _____
() Hypo Make _____ Model _____
() Other (specify) _____

* The use of gas disinfection units requires a separate room for the cylinders and feed mechanisms as well as the provision of specific safety equipment. You must also include plans and specifications for such a room and required equipment with this application. Notification of the local fire department and Local Emergency Planning Committee (LEPC) is also required.

PART VI – GENERAL OPERATIONS

Will there be a concession stand at the facility (other than vending machines)?
 NO
 YES (also submit FORM 3000 to have those plans reviewed)

Other Comments: _____

PART VII – TERMS AND CONDITIONS OF APPLICATION

In applying for this swimming pool plan review, I hereby authorize the health officer and / or their representative to determine compliance with the **SWIMMING POOLS AND MINERAL BATH REGULATIONS** of the state of Colorado for the purpose of constructing a swimming pool. I further acknowledge that false or misleading statement on this application may be cause to revoke the approval issued for this proposed pool / spa.

OWNER / APPLICANT / AGENT

DATE