

STATE OF NEVADA  
 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
 ENVIRONMENTAL HEALTH SECTION  
[www.dpbh.nv.gov](http://www.dpbh.nv.gov)



Tracking No: \_\_\_\_\_  
 Date Approved \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

**PLAN REVIEW FOR PUBLIC BATHING PLACE**

**Establishment Type (Check as many as apply):**

- Public Swimming Pool                       Wading Pool                       Water Slide/Water Ride  
 Public Spa                                       Water Attraction                       Special Use Pool

**Business Information**

<b>Name of Public Bathing Place or Spa</b>			
Physical Location of Public Bathing Place or Spa			
<b>Contractor Name</b>			
Phone		<b>Alt. Phone</b>	
Address			
Email address			
<b>Consultant Name</b>			
Phone		<b>Alt. Phone</b>	
Address			
Email address			
<b>Architect/Engineer Contact</b>			
Phone		<b>Alt. Phone</b>	
Address			
Email address			

**Certified Pool Operator Information**

Certified Pool Operator Name	
Address	
Telephone	
Certification Expiration Date	

**Seasonal Hours**

Open:  Annual  Seasonal (if seasonal)    Date Open: \_\_\_\_\_    Date Close: \_\_\_\_\_

This application considers all design types. Some of the items on the list may not apply to your specific operation. If they are not relevant, ***please do not leave them blank***. If you do so, it will be assumed that there is information that you have failed to provide. Rather, mark N/A or not applicable to those items that do not apply to your design.

**Design Data**

Length (Ft): _____	Width (Ft): _____	Diameter (Ft): _____
Perimeter (Ft.): _____	Surface area (Sq. Ft): _____	Water volume (Gal): _____
Minimum Depth (Ft): _____	Maximum Depth (Ft): _____	Maximum Capacity: _____ Persons
Min. turnover (Hrs): _____	Minimum Flow (GPM): _____	Maximum Flow (GPM): _____
Split Drains: _____	Single Switch (VRS): _____	Drain Cover Type: _____

**General Construction Information**

Structure	<input type="checkbox"/> Gunite <input type="checkbox"/> Shotcrete <input type="checkbox"/> Hand packed <input type="checkbox"/> Other: _____	
Interior Finish	<input type="checkbox"/> Plaster <input type="checkbox"/> Tile <input type="checkbox"/> Other: _____	Color: _____

	<input type="checkbox"/> Slip Resistant <input type="checkbox"/> Non-toxic		
Depth Markers	Quantity: _____ Size: <input type="checkbox"/> 4 inch numbers	Color: _____	
Marker Location at	_____ ft./ _____ ft./ _____ ft./ _____ ft./ _____ ft./ _____ / ft.		
Decking Surface Area	Surface Area (Sq. Ft): _____	Color: _____	
	Material: _____	<input type="checkbox"/> Slip Resistant	
	Width @: North (Ft)/ _____ South (Ft)/ _____ East(Ft)/ _____ West (Ft)/ _____		
Deck Drainage to	Location: _____	Slope: _____ in/ft to deck drain	
General Deck Info	Unobstructed deck around _____% of perimeter	Hose Bib(s) Provided?	
	Min. required deck to be provided <input type="checkbox"/> Through obstruction <input type="checkbox"/> Within 15 ft. of pool/spa perimeter		
Bridges	Quantity: _____	<input type="checkbox"/> Does not pose a health or safety hazard	
	Min. height above water (Ft): _____	Min height above pool bottom (Ft): _____	
Handhold	<input type="checkbox"/> Cantilever Deck <input type="checkbox"/> Coping <input type="checkbox"/> Gutter <input type="checkbox"/> Other:		
	Thickness (in): _____	Overhang (in): _____	
Stairs and Ladders	No. Stairs: _____	Location(s): _____	
	No. Ladders: _____	Location(s): _____	
	Riser Height: _____	Tread with (in.) _____	Tread Depth (in.) _____
	<input type="checkbox"/> Handrail(s) provided <input type="checkbox"/> 2-inch slip resistant, contrasting edge on steps and bench(es) provided		
Make Up Water	<input type="checkbox"/> Over-rim <input type="checkbox"/> Surge tank <input type="checkbox"/> Receptor <input type="checkbox"/> Auto fill <input type="checkbox"/> Other:		
	Diameter _____ in./ _____ in. Air gap		
	<input type="checkbox"/> Reduced pressure principle backflow preventer - required when no air gap		
	Location: _____		
Water Source	Water source/company name: _____		
	<input type="checkbox"/> Quality Verification		
Main Drain	Quantity: _____	Size (in.): _____	
	Type: <input type="checkbox"/> Grate(s) <input type="checkbox"/> Anti vortex <input type="checkbox"/> VGB Complaint		
	Open Area (Sq in): _____	Spacing (Ft): _____	
	<input type="checkbox"/> Hydrostatic relief valve to be installed		
Booster Drain	Quantity: _____	Size (in.): _____	
	Type: <input type="checkbox"/> Grate(s) <input type="checkbox"/> Anti vortex <input type="checkbox"/> VGB Complaint		
	Open Area (Sq in): _____	Spacing (Ft): _____	
Overflow	Quantity: _____	Size (in.): _____	
	Manufacturer: _____	Model No.: _____ <input type="checkbox"/> Meets NSF Std 30	
	<input type="checkbox"/> Skimmer(s) <input type="checkbox"/> Gutter <input type="checkbox"/> Other:		
Inlets	Wall-Quantity: _____	Location: _____	
	Minimum depth below water (in): _____		
	Floor-Quantity: _____	Location: _____	
	Maximum Spacing (Ft): _____		
Pump	Quantity: _____	Location: _____	
	Manufacturer: _____	Model No.: _____ <input type="checkbox"/> Meets NSF Std 50	
	HP: _____	Phase (GPM) _____ @ TDH	
Booster Pump (for)	<input type="checkbox"/> Solar heater <input type="checkbox"/> Alternate process equipment <input type="checkbox"/> Hydrotherapy Jets <input type="checkbox"/> Other		
	Manufacturer: _____	Model No.: _____	

	HP:	Location:
Filter	Quantity:	Total filter area (sq ft.)
	<input type="checkbox"/> D.E <input type="checkbox"/> Sand <input type="checkbox"/> Cartridge <input type="checkbox"/> Other	Air relief <input type="checkbox"/> Auto <input type="checkbox"/> Manual
	Manufacturer:	Model No.: <input type="checkbox"/> Meets NSF Std 50
Valves	Quantity:	Size (in.):
	Manufacturer:	Model No.: <input type="checkbox"/> Meets NSF Std 50
	<input type="checkbox"/> Multipart <input type="checkbox"/> Other:	
Gauges	<input type="checkbox"/> Vacuum (before pump) <input type="checkbox"/> Pressure (after pump) <input type="checkbox"/> Filter influent pressure	
Flow Regulating Device	Manufacturer:	Model No.:
Heater	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Solar <input type="checkbox"/> Other:	
	Manufacturer:	Model No.:
	Size:	<input type="checkbox"/> BTU <input type="checkbox"/> kW
Piping	<input type="checkbox"/> PVC (NSF-pw/NSF-14/ANSI-NSF 61 listed) <input type="checkbox"/> Copper <input type="checkbox"/> Other	
Flow Meter:	Range: _____ to _____ GPM	
	Manufacturer:	Model No.:
Disinfectant Feeder	<input type="checkbox"/> Adjustable rate <input type="checkbox"/> Flow Through <input type="checkbox"/> Other	
	Quantity:	<input type="checkbox"/> UL/ETL listed
	Manufacturer:	Model No.: <input type="checkbox"/> Meets NSF Std 50
	Maximum approved total feeder (Gal.) _____ pool/spa water	
Alternate Process Equipment	<input type="checkbox"/> Ozone process equipment	
	<input type="checkbox"/> Ion generator	
	<input type="checkbox"/> UV/H2Q2:	
	<input type="checkbox"/> In-line electrolytic chlorine generator	
	<input type="checkbox"/> Other	
<input type="checkbox"/> Connected to GFI protected circuit <input type="checkbox"/> Operated in conjunction with an approved disinfectant and a chemical feed that meets NSF Std 50		
	Quantity	<input type="checkbox"/> UL/ETL listed
	Manufacturer:	Model No.: <input type="checkbox"/> Meets NSF Std 50
Other Chemical Feeders	Type:	
	Quantity	<input type="checkbox"/> UL/ETL listed
	Manufacturer:	Model No.: <input type="checkbox"/> Meets NSF Std 50
Automatic Controller	Type:	
	<input type="checkbox"/> Connected to GFI protected circuit	
	Quantity:	<input type="checkbox"/> UL/ETL listed
	Manufacturer:	Model No.: <input type="checkbox"/> Meets NSF Std 50
Waste Disposal	Hard plumbed and valved to backwash/drain to:	
	<input type="checkbox"/> Sand trap <input type="checkbox"/> D.E. separation tank <input type="checkbox"/> "P" trap	
	Cartridge rinse waste to:	
Electrical	<input type="checkbox"/> Wiring meets NEC <input type="checkbox"/> Electrical equipment UL/ETL listed <input type="checkbox"/> GFCI protection	
Lighting	Area (Watts):	Underwater (Watts):
	<input type="checkbox"/> Area lights shielded	<input type="checkbox"/> No area lights over pool/spa
Barrier (Fencing)	Fence Height (Ft)	Gate Height (Ft):
	Fence Type:	Gate Type:

	<input type="checkbox"/> No external handholds or footholds in or near barrier	<input type="checkbox"/> Gate Self-Closing and Self-Latching
Diving Boards/Slides	<input type="checkbox"/> Diving Boards Present	<input type="checkbox"/> Slides Present
	Quantity:	Quantity:
	Deck Level: <input type="checkbox"/> 1 Meter <input type="checkbox"/> 3 Meter	Deck Level: <input type="checkbox"/> 1 Meter <input type="checkbox"/> 3 Meter
	<input type="checkbox"/> Attendant provided	<input type="checkbox"/> Attendant provided at entrance & exit
Lifeguards	Minimum required #	Locations:
	<input type="checkbox"/> Lifeguard chairs #	<input type="checkbox"/> Lifeguard stations #
Safety Equipment	<input type="checkbox"/> Lifeline	_____ft. ¼ inch rope
	<input type="checkbox"/> 20-inch outside diameter ring buoy(s)	Quantity:
	<input type="checkbox"/> Shepherd's crook with 12 foot handle	Quantity:
	<input type="checkbox"/> First aid kit	Quantity:
	<input type="checkbox"/> Blankets	Quantity: (Min 2)
	<input type="checkbox"/> Other	
Notices	<input type="checkbox"/> No diving <input type="checkbox"/> No swimming, bathing or other use of facility allowed after dark <input type="checkbox"/> Caution - Chlorine gas <input type="checkbox"/> Diagrammatic illustrations of artificial respiration procedures <input type="checkbox"/> Warning - No lifeguard on duty <input type="checkbox"/> Pool(s): Children under 14 years old should not use facility without an adult in attendance <input type="checkbox"/> Spa(s): Children 12 years and under must be accompanied by an adult <input type="checkbox"/> The maximum recommended time for such children to use the spa is 10 minutes <input type="checkbox"/> Solo bathing is prohibited <input type="checkbox"/> Service cooperator <input type="checkbox"/> Water recreation attraction warning signs <input type="checkbox"/> No lifeguard service beyond this point <input type="checkbox"/> Extended exposure to hot water and vapors warning <input type="checkbox"/> Rules posted <input type="checkbox"/> Emergency phone location / Location: _____ <input type="checkbox"/> Emergency phone numbers / Number: _____ <input type="checkbox"/> Maximum bather capacity	
Test Kits	<input type="checkbox"/> Disinfectant <input type="checkbox"/> pH <input type="checkbox"/> Total Alkalinity <input type="checkbox"/> Cyanuric Acid <input type="checkbox"/> Other	
	Manufacturer:	Model No.:
Equipment Enclosure	<input type="checkbox"/> Acceptable Enclosure <input type="checkbox"/> Acceptable Drainage <input type="checkbox"/> Adequate Lighting <input type="checkbox"/> Adequate Clearing <input type="checkbox"/> Acceptable Storage	
Miscellaneous	<input type="checkbox"/> Drinking fountain	Quantity:
	<input type="checkbox"/> Acoustical treatment	Location:
	<input type="checkbox"/> Vacuum cleaning system	Location:
	<input type="checkbox"/> Operating instructions	Location:
	<input type="checkbox"/> Ventilation	Air changer (Hr):
	<input type="checkbox"/> Spare pump strainer basket	Location:

	<input type="checkbox"/> Other	
Bathhouse	Pool located	ft. travel distance from farthest adjacent living quarters
	Pool located	ft. travel distance from bathhouse
	<input type="checkbox"/> Separate facilities for mates and females	
	<input type="checkbox"/> Well lighted	Watts:
	<input type="checkbox"/> Drained	To:
	<input type="checkbox"/> Impervious materials	Material:
	<input type="checkbox"/> Light colors	Color:
	<input type="checkbox"/> Entrance to pool at or near shallow	Location:
	<input type="checkbox"/> Minimum 90° water provided	Source
	<input type="checkbox"/> Drinking fountain	Quantity:
	<input type="checkbox"/> Hose bib(s)	Quantity:
	<input type="checkbox"/> Floors slip-resistant	Sq. Ft of Material:
	<input type="checkbox"/> Floors sloped .25 in./ft. to drains	
	<input type="checkbox"/> Floors /wall juncture coved	Material:
	<input type="checkbox"/> Soap Dispensers	Quantity:
	<input type="checkbox"/> Unbreakable minors	Material:
	<input type="checkbox"/> Towels	Material:
	<input type="checkbox"/> Toilet Paper Dispensers	Quantity:
<input type="checkbox"/> Furniture easily cleanable	Material:	
<input type="checkbox"/> Fire exit	Location:	
Restroom(s)	Male	
	Toilets	Quantity:
	Lavatories	Quantity:
	Showers	Quantity:
	Urinals	Quantity:
	Maximum No. Bathers:	Quantity:
	Female	
	Toilets	Quantity:
	Lavatories	Quantity:
	Showers	Quantity:
	Maximum No. Bathers:	Quantity:

***I certify that I am the legal owner of the property or an authorized representative of the property owner and that the information on this application is true and correct.***

Signature of Applicant	Print Name	Date

<b>FOR OFFICIAL USE ONLY</b>	
<b>Environmental Health Specialist Approval for Permit: (EHS Staff Must Review Application for Accuracy Prior to Submittal)</b>	
Signature.....	Date .....