



Division of Environmental Health
100 Central Ave. Rm. 261
Phone (307) 633-4090 Fax (307) 633-4038

Aquatic Facility Worksheet

Establishment Name: _____

Establishment Address: _____

Phone Number: _____ Fax Number: _____

Contact Name: _____ Email: _____

Owner Name: _____

Owner Address: _____

Owner Phone: _____ Email: _____

Submit the following with this application:

- 1. One complete set of plans showing the layout, equipment room, bath house, and showing the side view of the aquatic facility.
2. Specification (cut) sheets on the following equipment: pump, filter, heater, disinfecting device, chemical feeders, flow meter, skimmers, water features, slides, and other important equipment. All equipment shall be NSF approved.
3. Fee: New Pool or other Aquatic Facility - \$300.00 New Spa - \$200.00 Remodel - \$100.00
4. Certified Pool Operator Certificate for this aquatic facility.

Is this Aquatic Facility: (check all applicable boxes)

- General Use - open to any person who wishes to use it.
Limited Use - use limited to residents, members etc.
Annual Temporary
Indoor Outdoor
Night Swimming Yes No

Water Source: _____ Wastewater Disposal: _____

Backflow Prevention Method: _____

Surface Area: _____ Sq. Ft.

Volume: _____ Gallons

Length: _____ Ft.

Width: _____

Depth: _____ (shallow end) _____ (deep end)

Filtration Rate: _____ gpm

Turnover Rate: _____ Min. / Hr.

Aquatic Facility Structure: Poured Concrete Gunite Fiberglass Other

Deck Finish Type: _____ Slope to drain (1/4 inch per min.) _____

Deck Width: (4' min. for limited use) (8' min. for general use)

Depth markers locations at: _____ ft. _____ ft. _____ ft. _____ ft.

Gutter/Skimmer:

Gutters: Yes No **Details required on plans.**

Skimmer: Make _____ Model No. _____ NSF Approved? _____

Number of units: _____ Throat Diameter: _____

Filter Information:

Make _____ Model No. _____ NSF Approved? _____

Number of filters: _____ Type of filter: _____

Area of filter: _____ sq. ft. Total filter area: _____ sq. ft.

Circulation Rate: _____ gpm. Backwash Rate: _____ gpm. Turnover Rate: _____

Pump Information:

Horsepower: _____ Strainer Size: _____ Circulating Rate: _____ gpm _____ tdh

Disinfecting Device:

Make _____ Model No. _____ NSF Approved? _____

Chlorine: _____ Type of Cl₂ _____ Bromine _____ Other _____

Chemical Feeders:

Make _____ Model No. _____ NSF Approved? _____

Other Equipment:

Flow Meter Make: _____ Model No. _____ NSF Approved? _____

Main Drains Quantity: _____ Anti Vortex (Y/N) _____ Openings (5/8 inch max) _____

Inlets Quantity: _____ **Indicate locations on plans.**

Deck Lights Quantity: _____ Watts: _____

Underwater Lights Quantity: _____ Watts: _____

Diving Boards Quantity: _____ Length: _____

Ladders Quantity: _____ Tread Width: _____

Lifeguard Chair Quantity: _____ Height: _____ Portable (Y/N) _____

Ring Buoy Quantity: _____ Diameter: _____ Rope Length: _____

Shepherds Crook Quantity: _____ Length: _____

Test Kit Make: _____ Model: _____

Spa Controls/Timer Time Period: _____ Distance from spa's edge: _____

Drinking Fountains Quantity: _____ **Indicate locations on plans.**

Equipment Room

Floor Finish: _____

Slope to drain (1/4 in. per ft. min.) _____

Bath House

Will there be a bath house (Y/N) _____

Tempered water temp _____ °F.

Enclosure

Fence Height: _____

Self latching gate (Y/N) _____

Latch Height _____

Gas Chlorine Storage Room

Will gas chlorine be used? (Y / N)

Separate storage room? (Y / N)

Window in door? (Y / N)

Is the room vented? (Y / N)

Scale Supplied (Y / N)

Mask Provided (Y / N)

Pool Slides/Flumes/Water Features

Indicate if planning to be installed (Y / N)

Will it be lubricated with flowing water? (Y / N)

Signs

Please indicate exact wording (Most commercial signs do not meet local requirements.)