



Public Health Department

Environmental Health Division

202 Mira Loma Drive
Oroville, California 95965

Danette York, M.P.H., Director
Dr. David Canton, DO, MPH, JD, Health Officer

T: 530.552.3880
F: 530.538.5339

buttecounty.net/publichealth

Public Swimming Pool Plan Check Application

Pool Complex Name: _____

Pool Location: _____ APN: _____

Pool Builder: _____ Phone: _____

Pool Builder Address: _____

Mailing Address: _____

Pool Owner: _____

Pool Owner Address: _____

Type of Pool: General Recreational Pool () Special Use Pool () Spa ()
Competition/Training Pool () Wading Pool ()

General Information

Pool Shell: Material: Gunite () Other (describe): _____
Color: White () Pastel Spa ()

Dimensions: Length _____ ft. Width _____ ft. Volume _____ gal.
Max. Depth _____ ft. Min. Depth _____ ft.

Diving Facility: Board: Yes () No () Platform: Yes () No ()
Height of Board/Platform: _____ ft.
Safety Railing: Yes () No () Railing Height _____ ft.

Depth Line: 4in. wide, contrasting color line at 4 ½ ft. depth: Yes () No ()

Lane Markers: Yes () No () Maximum Width _____ in.

Depth Markers: How many on walls: _____ Size: _____



How many on deck: _____ Size: _____

Markers contrasting color: Yes () No ()

Hand Hold: Type: Bullnose () Cantilever () Other _____

Thickness: _____ in. Distance past pool wall: _____ in.

Coping tile slip resistant: Yes () No ()

Pool Exits: Stairs in shallow end: Yes () No ()

Handrail at least 28in. above deck and steps: Yes () No ()

Step holes with handrails: Yes () No ()

Depth of step holes: _____ in. Width of step holes: _____ in.

Ladder 3-5in. from pool wall: Yes () No ()

Hose Bibb: Hose bibb within 75 ft. of pool: Yes () No ()

Deck: Material: _____ Finish: _____

Completely around pool: Yes () No ()

50% around spa: Yes () No ()

Min. deck width: _____ ft.

Min. deck width between pool and spa: _____ ft.

Slope: _____ in./ft. Drain to: _____

Fence: Self-closing, self-latching gates: Yes () No ()

Height of latch: _____ ft. Height of fence: _____ ft.

Type of fence: _____ Max. size openings: _____ in.

Any structures/hillside within 5 ft: Yes () No ()

Emergency exit with non-key lock: Yes () No ()

Which way do gates/doors open? _____

Fill Line: () Fill spout above deck level () Surge Tank

() Fill spout below deck level w/ anti-siphon valve

Lighting: Number of underwater lights: _____ Size: _____ watts



U.L. approved: Yes () No ()

Heater: Make: _____ Size: _____ BTU: _____
Pool cover: Yes () No () Type: _____

Bottom Drain: Grates removable only with tools: Yes () No ()
Anti-vortex cover: Yes () No ()

Return Inlets: Adjustable for direction and flow: Yes () No ()
Depth below water line: _____ in.

Equipment

Pump: Make and model: _____ H.P.: _____
Proposed turnover time: _____ hrs. at _____ GPM
Rate at _____ GPM at 60' head. (Provide pump curve).
Installed on sloped concrete slab: Yes () No ()

Gauges: Flowmeter make and model: _____
Influent and effluent gauges (pressure): Yes () No ()
If vacuum filter: vacuum gauge: Yes () No ()

Filter: () D.E. () Rapid Sand () Hi-Rate Sand () Cartridge
Make and model: _____ No. Units: _____
Filter area per unit: _____ sq. ft. Depth of filter media: _____ in.
Type (sand, gravel) and size of media: _____
Backwash rate (if sand): _____ GPM

Disinfectant: Type unit: _____ Make/model no.: _____
Adjustable feed rate: Yes () No ()
Capacity: _____ lbs/day of actual disinfectant.
Complete additional form for gas chlorine.



Shut-Off: Emergency shut-off switch (which turns all spa pumps off will be provided for spa? Yes () No ()

Skimmers: () Skimmer make/model no.: _____

No. units: _____ Wall recessed type: Yes () No ()

Removable strainers: Yes () No ()

Equalizer Line: Yes () No () Adjustable flow: Yes () No ()

() Perimeter overflow system

Completely around pool: Yes () No ()

Surge tank capacity: _____

Provide complete details of channel and piping on plan.

Wastewater: Separation tank for pressure DE: Yes () No ()

Size of separation tank: _____

Plans

Provide scaled plans (plan view, longitudinal, and cross-section) with the following information:

Geometry of pool/spa

Location and indication of depth markers

Location of marking line and rope anchors

Location and dimensions of diving board

Location of step holes, ladders, stairs, handrails

Complete piping layout (including size and length)

Location of return inlets

Side view of stairs and handrail

Location of equipment

Deck and fencing

Provide plot plan showing all dwelling units served by pool/spa. If all dwelling units are not within 300 ft. of pool/spa, then provide complete plans for public restrooms and showers.

I declare that to the best of my knowledge and belief, the above statements are true and correct.

Contractor Signature: _____ Date: _____