

**West Virginia Department of Health and Human Resources  
Bureau for Public Health  
Office of Environmental Health Services  
350 Capitol Street, Room 313  
Charleston, WV 25301-3713  
Phone: 304-558-2981 Fax: 304-558-0691**

**Swimming Pool/Spa Application**

**Submit a check or money order for \$200, made payable to the WV Department of Health and Human Resources, with four (4) sets of this application form, with four (4) sets of detailed manufacture's specifications and four (4) sets of detailed plans (minimum 24" x 36" size) showing plan and profile of pool/spa; all dimensions; fencing or barriers; fencing gates or doors; decking; piping; skimmers; drains; inlets; outlets; lighting; piping; depth markings; diving boards, lifeguard chairs, safety equipment; pool equipment room with all piping, valves, gages, rate of flow indicator, filter, re-circulation pump, chlorinator/brominator, other chemical feed equipment, electrical equipment, heaters, etc.**  
**Plans submitted with applications for permits to construct public swimming pool and spas will have to be signed and sealed by a WV Registered Professional Engineer.**

Owner of Pool: \_\_\_\_\_  
Owner's Mailing Address:(Street/POB) \_\_\_\_\_  
City/Town) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
Pool/Spa Name: \_\_\_\_\_  
Pool/Spa Location: (Street) \_\_\_\_\_  
(City/Town) \_\_\_\_\_ (County) \_\_\_\_\_  
Type of Pool/Spa: Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_  
Pool/Spa Construction Type: (Concrete, fiberglass, ceramic tile, etc.) \_\_\_\_\_  
\_\_\_\_\_  
Number of Inlets: Shallow End \_\_\_\_\_ Deep End \_\_\_\_\_ Each Side \_\_\_\_\_  
Location and Size of Outlets \_\_\_\_\_  
\_\_\_\_\_  
Pool/Spa Size: Length \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_ Volume (Gallons) \_\_\_\_\_  
Recirculating Pump: Manufacture's Name & Model Number \_\_\_\_\_  
Recirculating Pump: Capacity \_\_\_\_\_ (G.P.M.) @ \_\_\_\_\_ (Head in feet)  
Pool/Spa Volume Turnover Rate: \_\_\_\_\_ (Hours) (Note that swimming pools must turnover a minimum every six (6) hours, wading/kiddie pools must turnover a minimum every two (2) hours and spas must turnover a minimum every 30 minutes.)  
Pool/Spa Filters: Manufacture's Name & Model Number \_\_\_\_\_  
Type (sand, cartridge, diatomaceous earth) \_\_\_\_\_  
Number of Filters \_\_\_\_\_ Filter Area (square feet) \_\_\_\_\_ Maximum Filter Application Rate (G.P.M./S.F.) \_\_\_\_\_ (Note that filter must be National Sanitation Foundation approved for public swimming pools or public spas)

Pool/Spa Chlorinator/Brominator: Manufacture's Name & Model Number \_\_\_\_\_  
Capacity (lbs/day) \_\_\_\_\_ (Note that the  
chlorinator/brominator must be National Sanitation Foundation approved for public swimming  
pools or public spas) Provide the manufacture's name and model number for the ph and  
chlorine/bromine test kits \_\_\_\_\_  
\_\_\_\_\_

The following swimming pool/spa equipment must meet the ANSI/National Spa and Swimming  
Pool Institute Standards for public swimming pools or public spas. Provide the manufacture's  
name and model number for:

Rate of Flow Indicator \_\_\_\_\_  
Loss of Head Gages \_\_\_\_\_  
Heaters \_\_\_\_\_  
Skimmers \_\_\_\_\_  
Drains \_\_\_\_\_  
Lighting Fixtures \_\_\_\_\_  
Vacuum Cleaner \_\_\_\_\_  
Diving Boards \_\_\_\_\_ Size (meters) \_\_\_\_\_  
Other Chemical Feed Equipment (soda ash, muriatic acid, etc.) \_\_\_\_\_  
\_\_\_\_\_  
Other Unlisted Equipment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Source of Potable Water: (public water system or private water system) \_\_\_\_\_  
\_\_\_\_\_

Sewage disposal for filter backwash water (public sewers or private system) \_\_\_\_\_  
\_\_\_\_\_

#### Bathroom Facilities

Number of showers: Men \_\_\_\_\_ Women \_\_\_\_\_  
Number of lavatories: Men \_\_\_\_\_ Women \_\_\_\_\_  
Number of toilets: Men \_\_\_\_\_ Women \_\_\_\_\_  
Hot water: Yes \_\_\_\_\_ No \_\_\_\_\_

#### Life Saving Equipment

Lifeguard Chairs: Yes \_\_\_\_\_ No \_\_\_\_\_ Number \_\_\_\_\_  
15" diameter ring buoy attached to 60 feet of 3/16" rope: Number \_\_\_\_\_  
12 feet long Shepherd's Crook pole: Number \_\_\_\_\_  
1/4" throwing line at least 1 2 times the width of pool: Number \_\_\_\_\_

Deck Area of Pool/Spa \_\_\_\_\_ (S.F.)

Rated capacity of Swimming Pool/Spa: (number of people) \_\_\_\_\_

Pool/Spa Owner or Owner's Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_