



# HEALTH AND HUMAN SERVICES

100 Spader Way • Broomfield, CO 80020 • 720.887.2200 • [www.Broomfield.org/HHS](http://www.Broomfield.org/HHS)

Dear Applicant:

The Broomfield Public Health and Environment Division is concerned about your time and expense in building or remodeling a Swimming Pool or Spa and would like to assist you with the plan review process. To help us serve you better, and to save time, please follow the steps listed below:

1. Plans must be complete and must be submitted with the following:
  - a. Blueprint of pool and mechanical rooms, drawn to scale by a licensed engineer or licensed architect.
  - b. Mechanical diagrams, including plumbing, electrical, heating and ventilation drawn to scale by a licensed engineer or licensed architect.
  - c. Manufacturer's specification sheets for equipment.
  - d. Interior finish schedule for toilet, locker room and bathhouse facilities.
2. The enclosed Broomfield Public Health and Environment Swimming Pool Plans and Specification Application must be completed and returned with a \$90.00 plan review fee and the complete set of plans to the Broomfield Public Health and Environment Division located at 100 Spader Way, Broomfield, CO 80020. Note: Make checks payable to the City and County of Broomfield.
3. Please contact the Public Works - Utilities Division to ensure that the sanitary lines are at capacity to handle the amount of water that will be discharged from the pool/spa(s).
4. Two inspections are required prior to opening, a construction inspection and an opening inspection. Notify the Environmental Health Specialist at least (7) seven days in advance for each inspection. All construction and cleaning must be completed before calling for an opening inspection.
5. Final approval is necessary before you open for business.

If you have any questions, please contact the Public Health and Environment Division at 720.887.2220.

## SWIMMING POOL PLANS AND SPECIFICATION APPLICATION

Pool Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Pool Address: \_\_\_\_\_  
(Location of Pool)

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Builder: \_\_\_\_\_ Phone: \_\_\_\_\_

Builder Address: \_\_\_\_\_

---

### GENERAL INFORMATION

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Shape: \_\_\_\_\_

Construction Type: \_\_\_\_\_ Depth: Minimum \_\_\_\_\_ Maximum: \_\_\_\_\_

Capacity: \_\_\_\_\_ in gallons Surface area \_\_\_\_\_ sq. ft. Bather load \_\_\_\_\_

Spa/Hot tub: Capacity \_\_\_\_\_ in gallons Surface area \_\_\_\_\_ sq. ft.

Construction type \_\_\_\_\_

Decks: Size \_\_\_\_\_ Construction: \_\_\_\_\_ Finish: \_\_\_\_\_ Slope: \_\_\_\_\_

Deck: drains provided? \_\_\_\_\_ Type: \_\_\_\_\_ Location: \_\_\_\_\_

Hose bibs provided? \_\_\_\_\_ Fencing (describe) \_\_\_\_\_

Depth markers provided: Pool wall \_\_\_\_\_ Deck \_\_\_\_\_ Letter size \_\_\_\_\_

### WATER SUPPLY

Source: \_\_\_\_\_ Fill spouts: \_\_\_\_\_ Location: \_\_\_\_\_

Air gap provided on fill spout? \_\_\_\_\_

### WASTE DISPOSAL

Backwash water to sanitary sewer? \_\_\_\_\_ Indirect connection provided? \_\_\_\_\_

Sight glass provided? \_\_\_\_\_ Location: \_\_\_\_\_

### EQUIPMENT

Main drain: Number \_\_\_\_\_ Size \_\_\_\_\_ Pipe Size \_\_\_\_\_ Grating provided \_\_\_\_\_

VGB compliant Y / N \_\_\_\_\_ Certification of Compliance \_\_\_\_\_

Skimmers: One per 500 sq. ft. of surface area. Minimum of two. Number provided? \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Equalizer line provided? \_\_\_\_\_

Overflow gutters (if used): Y/N Surge tank provided? \_\_\_\_\_ Outlet pipe size \_\_\_\_\_

Distance between Inlets \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Inlets: Number \_\_\_\_\_ Discharge depth \_\_\_\_\_ Distance between inlets \_\_\_\_\_

Pumps	Make	Model	HP	Capacity (gpm@60 TDH)
Pool	_____	_____	_____	_____
Wading pool	_____	_____	_____	_____
Spa/hot tub	_____	_____	_____	_____
Other	_____	_____	_____	_____

Filters	Type	Make	Model	Capacity (gpm)
Pool	_____	_____	_____	_____
Wading pool	_____	_____	_____	_____
Spa/hot tub	_____	_____	_____	_____
Other	_____	_____	_____	_____

Flow gauge provided: \_\_\_\_\_ Location: \_\_\_\_\_

Pressure gauge(s) provided: \_\_\_\_\_ Suction cleaning provided: \_\_\_\_\_

Heaters	Type	Make	Model	BTU rating
Pool	_____	_____	_____	_____
Wading pool	_____	_____	_____	_____
Spa/hot tub	_____	_____	_____	_____
Other	_____	_____	_____	_____

Electrical GFI's: Mechanical room \_\_\_\_\_ Bath/dressing rooms \_\_\_\_\_ Pool complex \_\_\_\_\_

## DISINFECTION SYSTEM

Chlorine \_\_\_\_\_ Bromine \_\_\_\_\_ Other (explain) \_\_\_\_\_

Chlorinator: Make \_\_\_\_\_ Model \_\_\_\_\_ Type: Gas \_\_\_\_\_ Erosion \_\_\_\_\_ Hypo \_\_\_\_\_

Automatic Controller: Make \_\_\_\_\_ Model \_\_\_\_\_

Gas systems: Separate room \_\_\_\_\_ 1-foot window in door \_\_\_\_\_ Gas mask \_\_\_\_\_

Exhaust vent within 6 inches of floor level \_\_\_\_\_ Intake located near ceiling \_\_\_\_\_

Exhaust fan automatically activated how \_\_\_\_\_

Leakage test kit \_\_\_\_\_ Safety brackets \_\_\_\_\_

Hypo systems: Regulator Provided \_\_\_\_\_ Backflow/back siphonage features \_\_\_\_\_

## OTHER EQUIPMENT

Diving Boards: Number \_\_\_\_\_ Water depth \_\_\_\_\_ Board Height \_\_\_\_\_

Headroom \_\_\_\_\_ Horizontal separation \_\_\_\_\_

Lights: Number \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Watts \_\_\_\_\_

Ladders provided \_\_\_\_\_ Location \_\_\_\_\_ Steps \_\_\_\_\_

Type of lifesaving equipment provided \_\_\_\_\_ Safety line provided \_\_\_\_\_

Zero entry equipment \_\_\_\_\_

Other: \_\_\_\_\_

### Bath House Facilities:

#### Showers

#### Toilet rooms

#### Dressing rooms

Floors (construction) \_\_\_\_\_

Walls (construction) \_\_\_\_\_

Ceilings (construction) \_\_\_\_\_

Drainage \_\_\_\_\_

Ventilation \_\_\_\_\_

### Fixtures:

#### Showers

#### Toilets

#### Hand sinks

#### Lockers

Male \_\_\_\_\_

Female \_\_\_\_\_

Turnover rates: Pool \_\_\_\_\_ Wading Pool \_\_\_\_\_ Spa/hot tub \_\_\_\_\_ Other \_\_\_\_\_