NEW YORK STATE DEPARTMENT OF HEALTH Division of Environmental Protection

Engineering Report for Swimming Pool Plans Design Compliance with Subpart 6-1

NYS Sanitary Code

| | For Office Use Only |
|------------|--|
| Comput | er# Date |
| | |
| Section A | |
| General: | 1. Owner of Pool |
| | 2. Name of Pool |
| | 3. City, Town, Village County |
| | 4. (Check One) New Pool Change to Existing Pool |
| | 5. Type of Pool (check as applicable) |
| | Indoor Pool Outdoor Pool Spa Outdoor Spa Indoor |
| | Wading Pool White Water Slide Wave Pool Other The state of the s |
| | Movable Bottom Pool 9 Special Purpose Pool 10 |
| | 6. Anticipated Date of Start of Construction |
| | 7. Estimated Date of Completion |
| Section B | |
| Pool Confi | ~ |
| | 1. Type of Construction |
| | 2. Length |
| | 1 2 3 4 |
| | U-Shaped Oval Other 7 |
| | 4. Depths Minimum Maximum |
| | 5. Pool Capacity gallons |
| | 6. Transition Slope Shallow to Deep End In Shallow End |
| Section C | |
| Bather Ca | · |
| | Maximum Number of Bathers Permitted to Use Pool at One Time |
| | Spa Bather Capacity: Area + 10 = |
| Section D | |
| Water Sup | • • |
| Water Sour | ce: 1. Drinking Water 2. Water for Sanitary Use |
| | 3. Water Source for Swimming Pool Use |
| | 4. Quantity Available gpm 5. Capacity of Fill Pipe gpm |
| | 6. Method Used to Prevent Interconnection or Back Siphoneage. |
| | 7. Fill Pipe (describe method, size, location) |
| | |

| Section | <u>E</u> | | | | | |
|---------|---|--------------------------|---------------------------------------|--|--|--|
| Deck E | quipment | | | | | |
| 1. | Ladders: Number Locations | | | | | |
| 2. | Physically Disabled Access Yes No | If yes, describe | | | | |
| 3. | Diving Boardsft. Above Water, Dep | th of Diving Area | ft., Length | | | |
| | ft. Above Water, Dep | th of Diving Area | ft., Length | | | |
| | Water depth under starting blocks | ft. | | | | |
| 4. | Deck Slide Location | | | | | |
| 5. | Location of 4" Stripe | | | | | |
| 6. | Depth Markers: Spacing | Height of Numerals | Material | | | |
| 7. | Fencing/Barrier Heightft. | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | 10. Positive Latching Device Yes No | | | | | |
| 11. | Height of Latch Above Grade inches | | | | | |
| 12. | 12. Elevated Lifeguard Chairs: No. & Location | | | | | |
| 13. | Recessed Steps: Riser inc | hes Treadin | ches | | | |
| 14. | Stairs: Treadinches | Riser inc | hes | | | |
| Section | _ | | | | | |
| | Iation Equipment | | | | | |
| | | | | | | |
| 1. | Recirculation Pump: Make Model # | gals. ca | apacity x 60 = hrs. | | | |
| 0 | | | | | | |
| 2. | Pipe Material Main Drain Suctio | | Main Drain Grate | | | |
| | | | | | | |
| | Velocity | | | | | |
| 3. | Head Loss Computations, Pump Curve (attached | Yes No | | | | |
| 4. | Hair Catcher: Pipe Size | Basket Diameter | Depth | | | |
| 5. | Vacuum Cleaner: Make | Гуре Piping Size | Hose Length ft. | | | |
| 6. | Filters | | | | | |
| | Type Make | No | Filter Medium | | | |
| | Area Each Filter X X _ | | | | | |
| | Filtration Rate gpm sq. ft. = gpm pe | er sq. ft. Backwash Rate | $\frac{gpm}{sq.ft} = gpm per sq. ft.$ | | | |
| | Body Feeder Capacity (D.E.) | | ' | | | |
| 7 | Pressure Gauges 8. Rate Controllers | | | | | |
| | . Inlets | 5 5. I IOW MIGICI. IVI | uno IVIOUGI # | | | |
| 10 | | Donth Size | Adiuotoblo | | | |
| | No Spacing | | | | | |
| | Make | Model# | | | | |

| Pool W | G | | | | | |
|--|---|--|---|--|--|--|
| 1 001 776 | aste Drain | | | | | |
| 1. | 1. Pipe size Length | | | | | |
| 2. | 2. Grate Opening Area (sq. in.) Number of Grates | | | | | |
| 3. | Length of Tim | e Needed to Empty Pool _ | | | | |
| 4. | Describe Arra | ngement for Backflow Pre | vention | | | |
| 5. | Main Drain: S | pacing | Distar | nce from the Wall | | |
| | | | | Drain Spacing | | |
| 7. | Surge Capacit | ty (provided computations) | | | | |
| | Skimmers: | | | Location | | |
| | | Pipe Size | Flow Ra | te Through Skimmer | | |
| | | Equalizer Lines Provided | | · · | | |
| | | Deck Drain Spacing | | Slope to Drain | | |
| Section | Н | Book Brain Spaoning | | Clope to Brain | | |
| | | nd Test Equipment | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | Maximum Dosage | | | |
| | Operation Co | | Maximum Dosage | 1 oint of Application | | |
| 0. | - | dness Test Kit (Range) | Chloring | e Residual Test Kit (Range) | | |
| | | Range) | | trol Chemical to be Used | | |
| | | er (Model#) | | | | |
| | Make of Leed | | | | | |
| Section | | or (modelin) | Automa | tic deactivation device provided Yes No | | |
| Section Wasto | I | | Automa | tilic deactivation device providedYesNo | | |
| Waste [| <u>I</u> Disposal Syst | em | | | | |
| Waste [| <u>I</u> Disposal Syst | em | | ilic deactivation device provided | | |
| Waste [| I Disposal Syst Describe Faci | em lities for Sanitary Waste D | isposal | | | |
| Waste I | Disposal Syst Describe Faci Have Plans fo | em lities for Sanitary Waste D or Facility Been Approved? | isposal | | | |
| Waste I | Disposal Syst Describe Faci Have Plans fo | em lities for Sanitary Waste D or Facility Been Approved? | isposal | | | |
| Waste [1. 2. 3. | Disposal Syst Describe Faci Have Plans fo Describe Faci | em lities for Sanitary Waste D or Facility Been Approved? lities for Pool Waste Dispo | isposalNo Sal (including point of disc | harge) | | |
| Waste [1. 2. 3. 4. | Disposal Syst Describe Faci Have Plans fo Describe Faci Filter Wash W | em lities for Sanitary Waste D or Facility Been Approved? lities for Pool Waste Dispo | isposal | harge) | | |
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| Section | | | | | | |
|--|--|--|--|--|--|--|
| Electric | cal and Ventilation | | | | | |
| 1. | Describe Arrangements for Ventilation | | | | | |
| | . Underwater Lights: | | | | | |
| | Number | | | | | |
| 3. | . Deck Junction Box | | | | | |
| | Number | | | | | |
| 4. | . Underwriters' Certificate Yes No | | | | | |
| 5. | Other Hazards (explain) | | | | | |
| | | | | | | |
| | Overhead Illumination on Water Surface ft. candles | | | | | |
| 7. | . Underwater Lights Watts/sq. ft. Provided | | | | | |
| 8. | 8. Ground Fault Circuit Interruptors Provided Yes No | | | | | |
| Section | <u>n M</u> | | | | | |
| Spas | Marina Watan Danth | | | | | |
| | Maximum Water Depth | | | | | |
| | Maximum Depth of Any Seat From Water Line | | | | | |
| | Steps: Tread Height Riser Height | | | | | |
| | Deck Area Provided (Show Calculations) | | | | | |
| | Thermostatic Control: Make Model | | | | | |
| | Alarm System/Timer Yes No | | | | | |
| 7. | Air Induction System, Arrangement for Backflow Prevention | | | | | |
| 8. | Warning Sign Area | | | | | |
| Section | n N | | | | | |
| | . Water Slides | | | | | |
| | Minimum Operating Water Depth Slide Flume Terminus | | | | | |
| | Distance between sides of adjacent flumes ft. Distance between side of flume and end wall ft. | | | | | |
| 2 | 2. Special Purpose Pool | | | | | |
| | Stair Step Riser Step Tread Hand Rail Height | | | | | |
| INFOR | MATION: | | | | | |
| THIS | FORM IS INTENDED TO INCLUDE FEATURES PERTINENT TO THE DESIGN AND OPERATION OF A SWIMMING | | | | | |
| | THE FORM SHOULD BE USED TO SUPPLEMENT THE NARRATIVE REPORT OF THE ENGINEER OR ARCHITECT HE TRANSMITTAL OF PLANS TO THE HEALTH DEPARTMENT. | | | | | |
| | | | | | | |
| Signat | ure of Designing Engineer or Architect | | | | | |
| Date _ | | | | | | |
| | SS | | | | | |
| | | | | | | |
| Professional Engineer's or Architect's License # (or apply seal) | | | | | | |
| Telephone Number | | | | | | |