

**ROUTT COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH  
Public and Semi-Public Swimming Pool, Hot Tub, and/or Spa  
Specification and Plan Review Form**

Prior to the construction, extension, enlarging, remodeling, or modification of any public or semi-public swimming pool, wading pool, hot tub or spa, the owner or his authorized representative is required to submit the following information to the Routt County Environmental Health Department. Routt County Environmental Health reserves the right to request any additional information considered necessary for review completion.

The criteria used in evaluating plans and specifications for swimming pools and spas are based on the State of Colorado Swimming Pool and Mineral Bath Regulations. Copies of these regulations are available from the Routt County Environmental Health Department. Should you have any questions regarding this form, visit us at 136 6<sup>th</sup> Street in Steamboat Springs, Colorado or call us at (970) 870-5588. **Prior to our review, a \$200.00 plan review fee shall be required.**

	Name	Address	Phone
<b>Pool</b>			
<b>Owner</b>			
<b>Architect</b>			
<b>Engineer</b>			
<b>Installer</b>			

Brief description of improvements proposed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Fill in all of the following blanks or use N/A if the item is inapplicable:

**I. Site Plan**

List the following and show details on a scaled site plan.

**A. Location and shape of the swimming pool, wading pool, hot tub or spa including:**

	Length (ft.)	Width (ft.)	Depth (ft.) min/max	Capacity (gallons)	Surface Area (ft.)
<b>Pool</b>					
<b>Wading Pool</b>					
<b>Spa/Hot Tub</b>					

Cold Plunge

- Maximum bottom slope \_\_\_\_ in/ft., Shape \_\_\_\_\_
- User loads: Pool \_\_\_\_\_, Wading Pool \_\_\_\_\_, Hot Tub \_\_\_\_\_ Cold Plunge - 1 User
- Interior finishes (fiberglass, plaster, etc.) \_\_\_\_\_
- Location of stairs, handrails, and ladders \_\_\_\_\_
- Step height \_\_\_\_\_ (10" maximum), width \_\_\_\_\_ (12" minimum)
- Location of diving boards and distance from water \_\_\_\_\_
- Location and wattage of underwater lighting \_\_\_\_\_

**B. The deck area surrounding the swimming pool or hot tub including:**

1. Deck dimensions \_\_\_\_\_
2. Deck material \_\_\_\_\_
3. Minimum deck slope \_\_\_\_\_ in/ft
4. Location and wattage of deck lights \_\_\_\_\_
5. Location of electrical switches and outlets (15 ft. from edge of hot tub)
6. Location of deck drains \_\_\_\_\_
7. Location of hose bibbs \_\_\_\_\_ (back flow prevention required)
8. Minimum distance between deck and overhead obstacles \_\_\_\_\_
9. Fencing around facilities (minimum 60") \_\_\_\_\_

**C. Location and schematic of the mechanical room and recirculation equipment (Attach a separate document).** N/A

**D. Location of dressing rooms, toilet and shower facilities including:**

Please review building plans

1. Fixtures: Toilets \_\_\_\_\_, Showers \_\_\_\_\_, Dressing Rooms \_\_\_\_\_  
(Differentiate between male and female facilities)
2. Material and finishes, floor \_\_\_\_\_, walls \_\_\_\_\_, ceiling \_\_\_\_\_
3. Minimum slope of floor to drains \_\_\_\_\_ in/ft.

**E. Complete plumbing diagram from mechanical room to pool or hot tub including:**

1. Scale layout of recirculation equipment and location of flow meter (on 3ft straight section of return to pool) \_\_\_\_\_
2. Min. slope of mechanical room floor (min ¼ in/ft. toward drains) \_\_\_\_\_
3. Location of inlets and outlets including skimmers \_\_\_\_\_  
(One skimmer/400 sq. ft. surface area with a minimum of two skimmers on opposite ends of the pool)
4. Method of refilling \_\_\_\_\_  
(No submerged or direct connections to potable water)
5. Description of makeup water supply \_\_\_\_\_  
(Must meet state drinking water standards)
6. Method of wastewater (i.e. backwash) disposal \_\_\_\_\_  
(No direct connections from sewer that may surcharge to mechanical room, air-gap backwash as necessary)

**II. Mechanical Specifications**

Provide name, model number, and other required information. Include manufacturer's specification sheets.

**A. Filter**

1. Type \_\_\_\_\_
2. Filter area \_\_\_\_\_ sq. ft.
3. Filtration rate \_\_\_\_\_ gpm/sq. ft.

4. Turnover rate \_\_\_\_\_  
(Pool volume must be turned over in 6 hours or less, wading pools in 1 hour or less, hot tubs/spas in 30 minutes or less)

**B. Pumps**

1. Horsepower \_\_\_\_\_  
2. Enclose pump curve from manufacturer

**C. Heater (BTU) \_\_\_\_\_**

**D. Automatic disinfection**

- |  |  |
|--|--|
| 1. Solid chlorine/bromine _____                        | 6mo Commercial Maintenance Pack:             |
| 2. Chlorine gas _____ Meets safety requirements? _____ | 32 oz Sirona Sanitizer                       |
| 3. UV/peroxide _____                                   | 16 oz Alkalinity Up                          |
| 4. Other _____   | 16 oz pH Down                                |
|  | 8 gallons Hydrogen Peroxide (27% Food Grade) |
|  | Hydrogen Peroxide Test Kit                   |
|  | 13 filters                                   |

**III. Equipment and Safety Requirements**

Check the following items, assuring they will be provided.

- A. Plumbing color-coded and labeled**   x    
**B. Equipment operation and maintenance guidelines posted**   x    
**C. Chemical test and adjustments, records posted**   x    
**D. Water quality test kit**   x    
**E. Vacuum system for pools**       
**F. Life ring and reach pole for pools**       
**G. Precautionary signs, user guidelines**   x    
**H. Depth markers**

I certify that the above information is true and I understand that any changes in the above described equipment or design must be approved in advance by the Routt County Department of Environmental Health. I also understand that Environmental Health must conduct a final inspection prior to the opening of the facility.

Kim Hess - 1/23/24 \_\_\_\_\_  
Owner Date Architect or Installer Date

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**Submittal complete**  **Environmental Health Approval**  **Date**

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