

**ENVIRONMENTAL SERVICES
DEPARTMENT**
John P. Kolman, RS, MBA, Director
1001 N. Central Avenue
Phoenix, AZ 85004 - 1937



**WATER AND WASTE MANAGEMENT
DIVISION**
Kevin S. Chadwick, PE, Division Manager
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APPLICATION PACKET FOR APPROVAL TO REMODEL A PUBLIC OR SEMI-PUBLIC SWIMMING POOL

Revised: December 7, 2011



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CONTACT INFORMATION:

**JAMES WALTERS, ENVIRONMENTAL ENGINEER
SWIMMING POOLS PROGRAM
TELEPHONE (602) 506-6616 FAX (602) 506-1837**

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PERMIT APPLICATION PROCESS NOTICE

Swimming Pool Program

Steps required to obtain a bathing permit/approval are as follows:

1. Submit complete application along with applicable application fees.
2. After reviewing plans, the Department will issue you an approval to remodel document that includes construction and inspection requirements.
3. Request required progress inspections (if any) using the attached form, and obtain Department approval.
4. When construction is complete and ready for final inspection, submit an inspection request form and a completed notarized construction certification form, using the attached form.

The Department will approve or deny the remodel application in 73 business days or less, excluding any days the application is returned to the applicant for additional information. This overall licensing timeframe is set by delegation agreement between the Department and the Arizona Department of Environmental Quality.

Department contact information regarding your application

Telephone (application clerk): 602-506-0070

E-mail: Poolplanreview@mail.maricopa.gov

Website: www.maricopa.gov/envsvc/waterwaste/

You may request a clarification from the Department of its interpretation or application of a statute, ordinance, regulation, delegation agreement or authorized substantive policy statement as provided in A.R.S. §11-1609. Contact us by in by e-mail or telephone, or in person or mail at the address listed at the top of the page, marked attention Swimming Pool Program.

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REGULATORY AUTHORITY

The Maricopa County Environmental Services Department (MCESD) regulates Public and Semipublic Pools and Spas under Delegation Agreements with the Arizona Department of Environmental Quality (ADEQ) and the Arizona Department of Health Services (ADHS) as authorized by the ARIZONA REVISED STATUTES (ARS) 49-107: Local delegation of state authority. The Delegation Agreements between the County (MCESD) and the State simply authorizes the County to regulate Public and Semipublic Pools and Spas using the State’s regulations in addition to the county’s own regulations (the Maricopa County Environmental Health Code (MCEHC)). However, any changes or comments concerning the state regulations should be addressed to the state (ADEQ, ADHS) as only those departments can effect changes to the state regulations, which they promulgate and administer. The Two State Arizona Administrative Codes (AAC) administered by MCESD are R18-5-200 (ADEQ) and R9-8-800 (ADHS).

In addition to regulating Public and Semipublic Pools and Spas by administering State of Arizona rules and regulations, MCESD also regulates Public and Semipublic Pools and Spas by administering the **MARICOPA COUNTY ENVIRONMENTAL HEALTH CODE (MCEHC): CHAPTER VI, BATHING PLACES – PUBLIC AND SEMI-PUBLIC SWIMMING POOLS** as authorized by ARS 49-112: County regulation; standards. This means that MCESD has established within the MCEHC additional rules and regulations for Public and Semipublic Pools and Spas. The main advantage of Maricopa County having its own rules is that it allows the County the flexibility to modify the rules to meet the ever-changing needs of the swimming pool industry. Maricopa County has updated its rules numerous times to meet the changing needs of the swimming pool industry.

As of June 23, 2010, the Board of Supervisors approved the following fees which will take effect on August 1, 2010

FEES FOR REMODEL PLAN EXAMINATIONS

Type	One time Fee	Expedited* Fee
Fence	\$330.00	\$660.00
Deck (simple)	\$165.00	\$330.00
Circulation System		
Split Drains – patch section (complex)	\$440.00	\$880.00
SVRS and/or Drain Covers (simple)	\$165.00	\$330.00
Resurface		
Split Drains (complex)	\$440.00	\$880.00
Drains already to Code (simple)	\$165.00	\$330.00
Disinfection System (simple)	\$165.00	\$330.00
Water Feature / Approved Toys (complex)	\$440.00	\$880.00

Two or more simple remodels on the same body of water – *if submitted on the same application* - require a simple fee (i.e. deck & disinfection) * A fence remodel requires its own, separate fee*

*** - Plans submitted after the project has started or is completed must be expedited**



SWIMMING POOL/SPA HYDRAULIC DESIGN GUIDELINES

TDH (skimmer pool with sand filter)

FEET FROM DRAIN:	1 – 25	26 – 50	51 – 75	76 – 100	101 – 125	126 - 150
HEAD (FT):	55	60	65	70	75	80

MAX FLOW RATES (PVC: C=140)

PIPE SIZE (IN):	1.25	1.5	2.0	2.5	3.0	4.0	6.0
PRESS SIDE (GPM):	25	60	90	140	220	350	800
SUCT. SIDE (GPM):	15	35	50	80	130	220	450

MAX VELOCITIES

PRESSURE SIDE - 10ft/sec **SUCTION SIDE** – 6 ft/sec

TURNOVER RATES

SPA – 30 MIN **SWIMMING POOL** – 8 HRS **WADING POOL** – 1 HR

NUMBER OF SKIMMERS REQUIRED

SPA, WADING POOL: 1 skimmer per 200 ft²
SWIMMING POOL: 1 skimmer per 400 ft² (min. of 2 skimmers)
3 OR MORE SKIMMERS REQUIRES A CLOSED LOOP

MINIMUM PIPE SIZES (BASED ON SKIMMER FLOW CONTROLLING)

	<u>main drain</u>	<u>skimmer</u>	<u>return</u>	<u>flow (gpm)</u>
2 skimmer	1.5"	2"	1.5"	54
3 skimmer	2"	2.5"	2"	81
4 skimmer	2.5"	3"	2.5"	108
5 skimmer	2.5"	3"	3"	135
6 skimmer	3"	4"	3"	162

NUMBER OF RETURNS (INLETS) REQUIRED

(SWIMMING POOLS – 6 MINIMUM ON CLOSED LOOP; SPA, WADING POOL – 1 PER 15 LF OF PERIPHERY; 3 OR MORE REQUIRES CLOSED LOOP)

PERIMETER:	90	105	120	135	150	165	180	195	210	225	240	255	270	285	300	315
# of RETURNS:	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21

ALL PIPING MUST PASS A PRESSURE TEST AT 25 PSI FOR 30 MIN

For additional information, please visit our website at: <http://www.maricopa.gov/EnvSvc/WaterWaste/>



**APPLICATION FOR APPROVAL TO REMODEL
A PUBLIC OR SEMI-PUBLIC SWIMMING POOL OR SPA**



MCESD # _____

Site Loc: _____

CHECK ALL
THAT APPLY

- SEMI-PUBLIC PUBLIC Diving Non-Diving

- Check Type Pool Spa Wading Pool Special Use

Is this pool/spa under Enforcement / Stipulations Agreement: YES No

FACILITY, OWNER AND CONTRACTOR/ENGINEER/ARCHITECT INFORMATION

1. To Serve (Facility Name and Type): _____
2. Pool Address: _____ City: _____ Zip: _____
3. Facility Contact Name: _____ Phone #: (____) _____
4. Email Address: _____

5. **OWNERSHIP** Name: _____ Phone #: (____) _____
6. Address: _____ FAX #: (____) _____
7. City: _____ State: _____ Zip: _____
8. Management Company's Name: _____ Agent's Name: _____
9. Phone #: (____) _____ FAX #: (____) _____
10. Email Address: _____

11. **POOL CONTRACTOR/ENGINEER/ARCHITECT'S** Name: _____
12. CONTACT Name: _____ Phone #: (____) _____
13. AZ Registration/License # (Cont: A-9,19, KA-5,6): _____ Phone #: (____) _____
14. Address: _____ FAX #: (____) _____
15. City: _____ State: _____ Zip: _____
16. Email Address: _____

DESIGN DATA

A major modification includes a change to one or more of the following. Check each that applies and provide the following documentation. **A CHANGE IN THE SIZE, SHAPE, OR DEPTH OF A POOL OR THE INSTALLATION OF DIVING EQUIPMENT. REQUIRES THE SUBMITTAL OF A "NEW CONSTRUCTION" SET OF PLANS, APPLICATIONS, AND FEES.**

17. The enclosure - Submit fence details and a site plan showing the location of the new fence.
18. Resurfacing the pool interior - Submit a dual main drain detail; describe type of finish and color of pool interior.
19. Removal and replacement of the deck - Submit a deck plan and fully describe scope of all work to be done.
20. Adding a water feature or toy or rock feature - Submit architectural plan profiles and plumbing schematics.
21. Changing the disinfection system - Submit manufacturer's documentation on the proposed system.
22. A change to the circulation system including pump, filter, and piping -Submit manufacturer data on pump and filter and plumbing schematics.



DESIGN DATA (CONTINUED)

23. To Serve (Facility Name and type): _____
24. Facility Entrance Code: _____ Pool Gate Code: _____
25. Perimeter (ft): _____ Area (ft²): _____ Ave. Width (ft): _____ Length (ft): _____
26. Skimmers (number of): _____ Returns/Inlets (number of): _____ Wall: _____ Floor: _____
27. Volume (gal): _____ Heated: _____ Walkways - Minimum Width: _____ (ft)
28. Chlorinator Make/Model: _____ Erosion _____ Liquid _____ Gas _____ Salt _____
29. Existing Dual Main Drains, at least, 3 ft apart: ___ Yes ___ No (Drains must to be split when resurface takes place)
30. Existing Therapy Suction, at least, 3 ft apart: ___ Yes ___ No (Drains must to be split when resurface takes place)
31. Drain Covers being Replaced: ___ Yes ___ No Make _____ Model _____ Size _____
32. SVRS being Installed: ___ Yes ___ No Make _____ Model _____
33. Description of work: (attach any relevant documents, cut sheets, samples, plans, explanations, etc.)

SIGNATURES

By signing below, the Engineer, Architect or Contractor certifies that he/she is familiar with all State and County Code requirements applicable to this project and that this bathing place will be constructed and operated in accordance with the Maricopa County Environmental Health Code governing design, construction and operation of public and semi-public bathing places. By signing below as Owner, certification is made that the signer is an authorized agent for the true ownership, and that the ownership information above is correct.

34. Architect, Engineer or Contractor's Signature: _____
35. Printed Name: _____ Date: _____
36. Pool Owner's Signature: _____ Title: _____
37. Printed Name: _____ Date: _____

All Applications MUST contain name of owner / or authorized agent (letter of authorization must be submitted if signed by agent)

One application per body of water. **Original application, plans and additional specifications or calculations must be submitted with the applicable Fee.** One original copy of manufacturers' specifications / cut sheets on each piece of equipment is required. Signatures must be original on the application and **All plans must have architect/engineer/contractor of record's original signature and date. Revised plans and applications must have the revision date, the word "REVISED" and an original signature for the Contractor/Architect/Engineer. Architects and Engineers must be registered in Arizona and seal the application and plans.** Certification that the pool is constructed in accordance with approved plans and specifications must be submitted after final inspection is approved and before the permit to operate the pool for use is issued. **PERMIT TO OPERATE WILL NOT BE ISSUED FOR UNCERTIFIED POOLS.**

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AUTHORIZATION LETTER

Complete this form if the Property Owner is not signing the application

Date: _____

Project Name: _____

Address: _____

I hereby authorize _____, of
_____ firm to file this
(engineering, architect, contracting company)

application and act on my behalf for the project listed above.

Project Owner/Responsible
Party Name / Title: _____
(Please print clearly) Name Title

Signature Date

If Management Company representative signs for owner, please provide documentation of legal of representation.

NOTES: Project Owner's / Responsible Party's information must be on application.

*** Engineer/Architect/Contractor cannot sign this form as Project Owner / Responsible Party ***

**** The Department reserves the right to request any other information ****

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REMODEL CONSTRUCTION CERTIFICATION LETTER

Re: Serving: _____ (ie: Holiday Inn; Belleview Apts., etc.)
Pool name: _____ (ie: Clubhouse #2, etc.) **MCESD #:** _____
Address: _____
City: _____ Zip: _____
Contact Name: _____ Phone: _____

Owner of Record to whom Operating Permit is to be issued: (**CANNOT BE CONTRACTOR**)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____ Phone: (_____) _____

As required in Chapter VI, Section 1, Regulation 2i, I certify that the above referenced bathing place has been remodeled in accordance with the plans and specifications submitted to and approved by the Maricopa County Environmental Services Department, Water and Waste Management Division, Swimming Pools Program. ***In addition, I certify that I am familiar with all State and County Code requirements applicable to this project and that this bathing place was remodeled in compliance with those Code requirements.***

Contractor, responsible party or owner: (same as original application)

Printed Name: _____
If applicable Contractor License # (A9, A19, KA5 or KA6): _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____ Phone: (_____) _____

Note: Signature by a contractor requires notarization below. Signature by a P.E. or R.A. requires seal below.

PE seal

State of _____)
County of _____) ss

Subscribed and sworn to (or affirmed) before me

this _____ day of _____, _____, by

Name of signer (s)

Notary Seal

Signature of Notary Public

PLEASE SUBMIT WITH FINAL INSPECTION REQUEST

NOTE: Form may be faxed when requesting final inspection, however
ORIGINAL FORM REQUIRED for final approval

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Inspection Request Form

Incomplete or Incorrect information may cause delays on the inspection time

Project Name: _____

Identifying Name (East, Casita, Office, etc) _____

Project Address: _____

Gate Code: _____ **Combination Lock Code:** _____ **MCESD #:** _____

Contact Name: _____ **Phone #:** _____

Pool **Spa** **Wading** **Splash Pad** **Special Use**

Contractor: _____ **Fax:** _____

Type of Inspection

Rough Plumbing Inspection
 Rough Plumbing Re-inspection

Pre-plaster Inspection
 Pre-plaster Re-inspection

Final Inspection (Notarized Construction Certification Letter REQUIRED for this inspection)

New Pool Resurface Fence
 Deck Circulation Disinfection
 Final Re-inspection

Comments:
