

**ENVIRONMENTAL SERVICES
DEPARTMENT**

John A. Power PE, MPA, Director
1001 N. Central Avenue
Phoenix, AZ 85004 - 1937



**WATER AND WASTE MANAGEMENT
DIVISION**

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

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CONTACT INFORMATION:

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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.

FEES FOR REMODEL PLAN EXAMINATIONS

Type	One time Fee	Expedited* Fee
Remodel Simple	\$165.00	\$330.00
Remodel Complex	\$250.00	\$500.00

* - Simple Remodel – Deck or Fence

* - Plans submitted after the project 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):	<u>1.25</u>	<u>1.5</u>	<u>2.0</u>	<u>2.5</u>	<u>3.0</u>	<u>4.0</u>	<u>6.0</u>
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

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



Existing Permit No. _____ Assigned Remodel Permit No. _____

CHECK ALL THAT APPLY SEMI-PUBLIC PUBLIC Diving Non-Diving

Check One Main Therapy Wading Pool Special Use

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

Please complete the following:

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. **OWNERSHIP** Name: _____ Phone #: (____) _____

5. Address: _____ FAX #: (____) _____

6. City: _____ State: _____ Zip: _____

7. **POOL CONTRACTOR/ENGINEER/ARCHITECT'S** Name: _____

8. CONTACT Name: _____ Phone #: (____) _____

9. AZ Registration/License # (Cont: A-9,19, KA-5,6): _____ Phone #: (____) _____

10. Address: _____ FAX #: (____) _____

11. City: _____ State: _____ Zip: _____

Approval to Remodel/ Inspection Reports will be faxed to the Contractor unless indicated

Name: _____ FAX #: (____) _____

DESIGN DATA

A major modification includes a change to one or more of the following. Check each that applies and provide the following documentation. **CHANGE IN THE SIZE, SHAPE, OR DEPTH OF A POOL OR THE INSTALLATION OF DIVING EQUIPMENT. (MUST SUBMIT NEW CONSTRUCTION APPLICATION, COMPLETE PLANS AND FEES).**

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

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DESIGN DATA (CONTINUED)

18. To Serve (Facility Name and type): _____

19. Perimeter (ft): _____ Area (ft²): _____ Ave. Width (ft): _____ Length (ft): _____

20. Skimmers (number of): _____

21. Returns/Inlets (number of): _____ Wall: _____ Floor: _____

22. Volume (gal): _____

23. Walkways - Minimum Width: _____ (ft)

24. Description of work: (you may attach 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.

25. Architect, Engineer or Contractor's Signature: _____

26. Printed Name: _____ Date: _____

27. Pool Owner's Signature: _____ Title: _____

28. Printed Name: _____ Date: _____

All Applications MUST contain the Applicant's name: Print name of owner / or authorized agent (letter of authorization must be submitted if signed by agent)

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 one 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. 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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REMODEL CONSTRUCTION CERTIFICATION LETTER

NOTE: ONLY ORIGINAL FORMS ACCEPTED - NO PRE-DATED, FAX OR COPIES ACCEPTED

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

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:

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

Notary Seal

Name of signer (s)

Signature of Notary Public

PLEASE SUBMIT WITH FINAL INSPECTION REQUEST