



Prevent • Promote • Protect

Environmental Health Division

1675 W. Garden of the Gods Rd., Suite 2044  
 Colorado Springs, CO 80907  
 (719) 578-3199 *phone*  
 (719) 575-8664 *fax*  
[www.elpasocountyhealth.org](http://www.elpasocountyhealth.org)

## Water Recreation Plan Review Application

Facility Information	
<b>Facility:</b>	<b>Phone:</b>
<b>Address:</b>	
<b>Owner Name:</b>	<b>Phone:</b>
<b>Owner Address:</b>	<b>Email:</b>
<b>Contractor:</b>	
<b>Contractor Email:</b>	<b>Phone:</b>
<b>Designer:</b>	
<b>Designer Email:</b>	<b>Phone:</b>
<b>Total Bodies of Water in Facility:</b>	

General Facility Information	
<b>Water Supply:</b>	<b>Supplier:</b>
<b>Electrical GFI Mechanical Room:</b>	
<b>Electrical GFI Bath/dressing Room:</b>	
<b>Electrical GFI Pool Complex:</b>	
<b>Schematic provided in Mechanical Room:</b>	
<b>Chemical Storage Location:</b>	
<b>Chemical Storage containers (Describe):</b>	
<b>Showers:</b>	
<b>Floor/Wall Construction:</b>	
<b>Ceiling Construction:</b>	
<b>Drainage Construction:</b>	
<b>Ventilation Construction:</b>	
<b>Fixtures:</b>	
<b>Facilities:</b> <u>Male</u> : <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Female</u> : <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Unisex</u> : <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Family</u> : <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Restrooms:**

Floor/Wall Construction:

Ceiling Construction:

Drainage Construction:

Ventilation Construction:

Fixtures:

Facilities: Male:  Yes  No Female:  Yes  No Unisex:  Yes  No Family:  Yes  No**Dressing Rooms:**

Floor/Wall Construction:

Ceiling Construction:

Drainage Construction:

Ventilation Construction:

Fixtures:

Facilities: Male:  Yes  No Female:  Yes  No Unisex:  Yes  No Family:  Yes  No**Body of Water General Information**Type:  Pool  Spa/Hot Tub  Wading Pool  Other:Operation:  Year-round  Seasonal **Body identifier:**

Construction material:

Construction shape:

Construction dimension (LxW):

Construction Capacity: (gal) Surface Area: (ft<sup>2</sup>) Bather Load:

Fill Spout number: Location:

FS Air Gap size: Backflow preventer type: Location:

Main Drain (number): Pipe Diameter: Cover (model):

Drain cover effective area: (in<sup>2</sup>) Max. Flow: VGB:  Yes  NoSkimmers (number): Equalizer line provided?:  Yes  NoOverflow gutters (if used) Surge Tank provided:  Yes  No

OF Outlet pipe: Distance between pipes:

OF Inlet pipe size: Distance between pipes: Discharge Depth:

Pump (make/model): HP:

Pump Capacity (gpm@60TDH): Turnover rate:

Filter (make/model):

Filter Type: Filter Capacity:

<b>Disinfectant Type:</b>		<b>Feeder Type:</b>	
<b>Feeder (make/model):</b>			
<b>Hypo (if used) Regulator:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Backflow/siphonage:</b>	
<b>Waste disposal backwash to:</b>			
<b>Airgap size:</b>		<b>Sight glass provided:</b>	
<b>Flowmeter Type:</b>		<b>Location:</b>	
<b>Pressure Gauge:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Suction Cleaning:</b>	
<b>Lights (number):</b>		<b>Lights make/model and watts:</b>	
<b>Light's location:</b>			
<b>Ladder (number of steps)</b>		<b>Contrasting Color:</b>	
<b>Diving Board number (pool only):</b>		<b>Height/Headroom:</b>	
<b>DB Horizontal Separation:</b>		<b>DB Water Depth:</b>	
<b>Deck Construction:</b>		<b>Deck Finish:</b>	<b>Deck Size:</b>
<b>Depth Markers:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Location:</b>		<b>Letter Size:</b>
<b>Deck Slope:</b>	<b>Slope Direction:</b>		
<b>Deck Drains:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Location:</b>		
<b>Fencing (describe):</b>			
<b>Emergency Shut Off Location:</b>			

<b>Additional Comments:</b>

**Water Recreation (Commercial Pools/Spas) Fees**

- Plan Review (new and remodel): \$250
- Inspection- Year Round Pool/Spa: \$207
- Inspection- Seasonal Pool/Spa: \$130
- Inspection- Follow-up: \$62 per hour
- Additional Body(s) of Water: \$35 per body of water
- Additions Services: \$62 per hour



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## Facility Contact Form Pool and Spa

### FACILITY INFORMATION

Facility Name			
Facility Physical Address			
City, State, Zip			
Facility Mailing Address			
City, State, Zip			

### POOL CONTACT INFORMATION

Owner Name			
Owner Phone		Email	
Billing Contact Name		Phone	
Billing Contact Email			