



ENVIRONMENTAL SERVICES DEPARTMENT
Swimming Pool Plan Review and Construction
501 N. 44th St., Suite 200 Phoenix, AZ 85008
Phone (602) 506-0070 PoolPlanReview@Maricopa.Gov



Environmental Services
Department

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

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CONTACT INFORMATION:

JAMES WALTERS, ENVIRONMENTAL ENGINEER

AQUATIC HEALTH & SAFETY PROGRAM

PoolPlanReview@Maricopa.gov



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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 93 business days or less for a complex remodel or fence remodel and in 52 days or less for a simple remodel, 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@Maricopa.gov

Website: <https://www.maricopa.gov/2584/Public-Swimming-Pools>

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 e-mail or telephone, in person or mail at the address listed at the top of the page, marked attention Swimming Pool Program.

*In addition to obtaining a permit from Maricopa County Environmental Services Department, it may be necessary to obtain a building permit from your local municipality or Maricopa County Planning and Development Department for unincorporated property.
Please contact these entities for additional information.*



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

<u>Type</u>	<u>One time Fee</u>	<u>Expedited* Fee</u>
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 Pump 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:
<https://www.maricopa.gov/2584/Public-Swimming-Pools>



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Application for Approval to Remodel
 All information must be typed / printed clearly



A change in the *SIZE or FOOTPRINT* of a pool or the *INSTALLATION OF DIVING EQUIPMENT* requires the submittal of a "NEW CONSTRUCTION" set of plans, applications and fees).

Project Name: _____

Identifier (north pool/office spa, etc): _____

Complete ALL the required information for the type of remodel or it will be considered an "incomplete" submittal and placed on hold.
 ALL LINES ON PAGE 2 OF THE APPLICATION ARE REQUIRED AS WELL AS THE SIGNATURE PAGE.

- Depth Conversion** – Complete items: 22-24, 26, 28-37, 40, 41 & Submit
 - Dual main drain detail
 - Schematic of the body of water with step detail
 - Pump cut sheets with pump curves, make and model

- Simple Resurface** – (Drains were split prior to this remodel) – Complete items: 22-24, 26, 28-37, 41 & Submit
 - Drain covers cut sheets
 - Pump cut sheets with pump curves, make and model
 - If more than 4 drain covers, provide pool schematic showing location of drain covers, and pump info for each corresponding drain cover

- Complex Resurface** (Drains split as part of this remodel) – Complete items: 22-24, 26, 28-37, 41 & Submit
 - Dual main drain detail
 - Drain Covers cut sheets
 - Pump cut sheets with pump curves
 - If more than 4 drain covers, provide pool schematic showing location of drain covers, and pump info for each corresponding drain cover

- Removal and replacement of the deck** - Complete item: 39,41 & Submit
 - Deck plan with deck replacement material. Provide site plan showing new and existing deck
 - Product name, color and coefficient of friction test results for materials other than concrete
 - Depth markers and No Dive markers information
 - Freeboard details
 - Cantilever details

- Adding or changing water feature or toy or rock feature** – Complete items: 32-34, 36-38, 41 & Submit
 - Detailed water feature description
 - Architectural plan profiles
 - Plumbing schematics with pump curves and cut sheets

- Changing the disinfection system** – Complete items: 22-23, 27, 41 & Submit
 - Manufacturer’s documentation on the proposed system
 - Chlorine production rate
 - Location of the installation and number of cells installed

- A change to the circulation system including pump, filter, and piping** – Complete items: 22-25,30-38,41 & Submit
 - Plumbing schematics / pipe size and pump filter configuration
 - Drain Covers cut sheets showing rate flow
 - Pump cut sheets and curve (existing and proposed)
 - Filter information – make, model and capacity (existing and proposed) cut sheet

- The enclosure** - Submit
 - Site Plan showing the location of the new fence, showing what is new and existing – Show any buildings that are within the pool area of have doors that enter the pool area.
 - Fence and gate details

Complete items: 41, Provide details as shown in the fence guidance section of the remodel check list:
<https://www.maricopa.gov/DocumentCenter/View/7604/Approval-to-Remodel-Checklist-PDF>



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

MCESD Operating Permit: _____

District: _____

**CHECK ALL
 THAT
 APPLY**

Check Type

- SEMI-PUBLIC PUBLIC Diving Non-Diving
 Pool Spa Wading Pool Special Use

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

Has the remodel started or is already completed: YES NO

Has the Ownership changed in the last 6 months: YES NO

FACILITY INFORMATION

- 1 To Serve (Facility Name and Type): _____
 2 Pool Identifier: (north/office/round) _____
 3 Pool Address: _____ City: _____ Zip: _____
 4 Facility Contact Name: _____ Phone #: () _____
 5 Email Address: _____
 6 Facility Entrance Code: _____ Pool Gate Code: _____

OWNER INFORMATION

- 7 **OWNERSHIP** Name: _____ Phone #: () _____
 8 Address: _____
 9 City: _____ State: _____ Zip: _____
 10 Owner's Email Address: _____
 11 Management Company's Name: _____ Agent's Name: _____
 12 Address: _____ State: _____ Zip: _____
 13 Phone #: () _____
 14 Email Address: _____

CONTRACTOR/ENGINEER/ARCHITECT INFORMATION

- 15 **POOL** Company Name: _____
 16 **POOL CONTRACTOR/ENGINEER/ARCHITECT'S** Name: _____
 17 CONTACT Name: _____ Phone #: () _____
 18 If your ROC Registration/License # is A (General Engineering) or KA (Dual Engineering), we will NOT accept your application.
 AZ License #: _____ AZ Registration: _____ Other _____
 19 Address: _____
 20 City: _____ State: _____ Zip: _____
 21 Email Address: _____
 Email Address: _____



DESIGN DATA

A change in the *SIZE or FOOTPRINT* of a pool or the *INSTALLATION OF DIVING EQUIPMENT* requires the submittal of a "NEW CONSTRUCTION" set of plans, applications and fees).

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

23 Average Depth: _____ (ft) Volume (gal): _____ (gal) Heated: Yes No

24 Skimmers (number of): _____ Returns/Inlets (number of): _____ Wall: _____ Floor: _____

25 Filter Type: Sand Qty: _____ D. E. Qty: _____ Cartridge Qty: _____
(20 gpm/ft² max flow) (2 gpm/ft² max flow) (0.375 gpm/ft² max flow)

Manufacturer: _____ Model #: _____

26 Fully Describe Finish (Plaster, PebbleTec, Color, etc.): _____

27 Chlorinator Make/Model: _____

NSF Approved Yes No Erosion Liquid Gas Salt

28 Existing Dual Main Drains, at least, 3 ft apart Yes No (Drains must be split when resurface takes place)

29 Existing Therapy Suction, at least, 3 ft apart Yes No N/A

30 Main Drain Covers Being Replaced

Wall	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Make	_____	Model	_____	Size	_____
Floor	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Make	_____	Model	_____	Size	_____

31 Therapy Suction Covers Being Replaced

Wall	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Make	_____	Model	_____	Size	_____
Floor	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Make	_____	Model	_____	Size	_____

32 Water Feature Suction Covers Being Replaced

Wall	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Make	_____	Model	_____	Size	_____
Floor	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Make	_____	Model	_____	Size	_____



DESIGN DATA (CONTINUED)

33 Variable Speed Pump Yes No Commercial: Yes No

Make _____ Model _____ Speed Setting _____

34 Main Circulation Pump: Qty _____ Make _____ Model _____ HP _____ Run _____ (ft)

35 Therapy/Booster Pump: Qty _____ Make _____ Model _____ HP _____ Run _____ (ft)

36 Water Feature Pump: Qty _____ Make _____ Model _____ HP _____ Run _____ (ft)

37 SVRS Pump Being Installed: Yes No Make _____ Model _____

38 SVRS Unit Being Installed: Yes No Make _____ Model _____

39 Deck Width _____ ft

40 Existing depths: _____ ft _____ ft _____ ft _____ ft _____ ft

New depths: _____ ft _____ ft _____ ft _____ ft _____ ft

41 Description of work: Please provide a brief summary of the proposed work and attach any relevant documents, cut sheets, samples, plans, explanations, etc. with the application.



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.

By clicking "I agree", you agree and acknowledge that 1) your application will not be "Signed" in the sense of a traditional paper document, and 2) By signing in this alternate manner, you agree that your "electronic signature" is valid and binding upon you to the same effect as a handwritten signature.

I agree:

40 Architect, Engineer or Contractor's Signature: _____

41 Printed Name: _____

Date: _____

By clicking "I agree", you agree and acknowledge that 1) your application will not be "Signed" in the sense of a traditional paper document, and 2) By signing in this alternate manner, you agree that your "electronic signature" is valid and binding upon you to the same effect as a handwritten signature.

I agree:

42 Pool Owner's Signature: _____

Title: _____

43 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 is required per body of water, **plans and additional specifications and calculations must be submitted with the application.**

A copy of manufacturers' specifications / cut sheets for each piece of equipment is required.

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.*



Inspection Request Form

Incomplete or incorrect information will cause delays on the inspection time

Project Name: _____

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

Project Address: _____

Gate Code: _____ **Combination Lock Code:** _____

MCESD #: _____

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

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

Contractor: _____ **Phone #:** _____

Email Address: _____

Email Address: _____

Type of Inspection

Rough Plumbing Inspection
 Rough Plumbing Re-inspection

Pre-plaster Inspection (Depth Conversion Only)
 Pre-plaster Re-inspection

Final Inspection

Resurface Fence Deck
 Circulation Disinfection Final Re-inspection

Comments: