



HEALTH SERVICES

2577 NE Courtney Drive, Bend, Oregon 97701
Public Health (541) 322-7400, Fax (541) 322-7465
Behavioral Health (541) 322-7500, Fax (541) 322-7565
www.deschutes.org

Dear Pool/Spa Operator:

In response to your inquiry concerning the opening of a new pool or spa, enclosed please find a packet of information designed to help you.

If you are proposing a new pool or spa, complete the attached Pool/Spa Plan Review Application form and submit 2 copies of the pool plans along with the required fee for each pool or spa. Plan specifications (enclosures #1 and #2) must be complete, either in table form on the plans, or on separate sheets, before plans can be reviewed.

If you are making any remodeling changes to an existing pool/spa, an approved plan review is also required. All new pool/spas, all pools/spas not previously licensed, and pools/spas that have not been licensed for the previous 12 months, must comply with all the current rules regarding plumbing, construction and equipment.

Please note: This plan review is for public health purposes only. Other reviews, permits, etc. by other agencies or department are your responsibility. A list of agencies you may need to contact is printed at the end of this letter.

You are also required to obtain an Environmental Health Pool/Spa Construction Permit. Two "Construction Inspections" are required: a plumbing-pipe inspection and a 2nd pre-plaster construction inspection. Please contact this office to schedule the construction inspections.

The following requirements must be met prior to issuance of your annual operating license:

- The license fee for each unit must be paid. That includes a Tourist Facility license if a motel/hotel is also opening to the public.
- A "pre-opening inspection" conducted and approved when your facility is completed, all equipment installed, pool/spa is filled, and the recirculation and chlorination systems are in operation. All safety and testing equipment must be in place.
- All permits, i.e., building, mechanical, electrical, plumbing, other permits that may be required, must be finalized, and a Certificate of Occupancy issued.

The pool/spa may not be used until the license has been issued. Pool/spa licenses expire December 31st of the year issued.

Our Mission: To Promote and Protect the Health and Safety of Our Community.

If you would like a copy of the Oregon State Pool or Spa Rules, please feel free to call us with a request, or visit our office for a complimentary copy of these rule books. Or you may view a copy of the rules through our website www.deschutes.org/cdd/pools. Or, you may go directly to the State pool/spa rules at <http://oregon.gov/DHS/ph/pl/rules.shtml>.

If you have any pool questions, please do not hesitate to call us at (541) 322-7400 or (541) 388-6598.

Sincerely,

ENVIRONMENTAL HEALTH DIVISION

John Mason, R.E.H.S.
Registered Environmental Health Specialist

JWM/slr July 2010

AGENCIES YOU MAY NEED TO CONTACT

DESCHUTES COUNTY

Planning Division	(541) 388-6575
Building Safety Division (Building/Plumbing/Electrical)	(541) 388-6575

CITY OF BEND

Planning Department	(541) 388-5580
Building Department	(541) 388-5528
Sewer	(541) 317-3000
Business License	(541) 388-5513

CITY OF REDMOND

Planning Division	(541) 923-7721
Building Division	(541) 923-7721
Sewer & Water	(541) 504-2000
Business License	(541) 923-7726

CITY OF SISTERS

Business Office	(541) 549-6022
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Deschutes County Pool / Spa Plan Review

Enclosure #1 - Submit the following:

Plans 33-60-030

- (1) Plans and specifications shall be prepared by a professional engineer or architect registered in the State of Oregon. Specific exemptions to this requirement may be granted by the Division, where in the judgment of the Division no architectural or engineering problems are presented and the plans accurately depict the proposed pool and address all requirements of these rules.
- (2) Plans shall be submitted in duplicate, drawn to scale and shall include:
 - (a) One plan view.
 - (b) One longitudinal section.
 - (c) One transverse section through the main drain.
 - (d) One overall plan showing the pool in relation to other facilities in the area. Include enclosure (fence and gate) details. (This plan may be combined with (2)(a) of this section.)
 - (e) One detailed view of the equipment room layout.
 - (f) One vicinity map.
 - (g) One piping schematic showing piping, pipe size, inlets, main drains, skimmers, gutter outlets, vacuum fittings, and all other appurtenances connected to the pool piping system. (This plan may be combined with (2)(a) of this section.)
 - (h) One cross section of the step treads and risers.
- (3) Plan notes such as "fence by owner" or "deck to be under separate contract" shall not be acceptable as a substitute for scale drawings.
- (4) Plans shall include the following information in tabulated form:
 - (a) Legal address of the facility.
 - (b) Location of the facility if different from legal address.
 - (c) Owner's name, address and telephone number.
 - (d) Surface area of pool.
 - (e) Pool volume, turn over time, flow rate, filter rate/unit area, type of filter and total system head loss.
 - (f) Manufacturer, make and model numbers of the pump, filter and automatic chemical feed apparatus, filter head loss (clean and dirty), and pump curve showing design flow rate and head.
 - (g) Source of water used at the pool.
 - (h) Means of disposing backwash water.

SWIMMING POOL EQUIPMENT SPECIFICATIONS & PLANS

Pool Name: _____

Location: _____ City: _____ Zip: _____
(Street Address)

Each item listed below must be completed before your application for a pool construction permit will be accepted. Those items that do not apply, fill in N/A (not applicable).

Pool / Spa Volume: _____ Pool / Spa surface area: _____

Pump (recir): Manuf. _____ Model No: _____

Horsepower: _____ G.P.M. @ 40' TDH: _____

Pump (therapy): Manuf. _____ Model No: _____

Horsepower: _____ G.P.M. @ 40' TDH: _____

Filter: Manuf: _____ Model No: _____

Type: _____ Filter surface area in sq. ft. _____

Skimmer: Manuf: _____ Throat Width: _____ Pipe size: _____

Main drain; Manuf & Model No: _____ Open area(each cover): _____

Pipe size: _____ Recirc. returns: number: _____ Pipe size: _____

Chlorinator: Manuf: _____ Model No: _____ Type: _____

Heater equipped with 18" Metallic or CPVC pipe: _____ Safety pop off valve: _____

Flow Meter: manuf. and model No: _____ Flow range (gpm): _____

Located with 18" of straight pipe in front of the meter and 12" after: yes / no

Deck Material: _____ Finish: _____ Slope: _____

Coping type: _____ Decks drain to? _____

Source of fresh water: _____ Pool fill method: (over the rim, through tile line or direct plumb?)

Filter backwash disposal to: _____ Airgap provided: _____ inches

