



**SWIMMING POOL  
CONSTRUCTION APPLICATION**

Shasta County Department of Resource Management  
Environmental Health Division  
1855 Placer Street, Suite 201, Redding, CA 96001  
Phone: 530/225-5787 • Fax: 530/225-5413  
www.co.shasta.ca.us

Submit this information along with two (2) complete sets of plans and specifications of the proposed pool detailing compliance with the California Health and Safety Code, Sections 116025 – 116068, the California Code of Regulations Title 22 and 24, and the California Administrative Code Title 22.

- Fill in all appropriate spaces on the application. Missing information or improperly prepared plans may delay the plan approval process.
- All existing pools will be checked to ensure that appropriate drain covers comply with ASME/ANSI A112.19-8.2007 performance standards. Therefore, if this is an existing pool, be sure to fill in all information asked below.
- All Pool plans must be on at least 18x24 inch paper, drawn to scale (minimum ¼ inch per foot).
- All Spa and Wading pool plans must be on at least 18x24 inch paper, drawn to scale (minimum one inch per foot).

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_ Phone: \_\_\_\_\_  
(license #)

Address: \_\_\_\_\_

Builder: \_\_\_\_\_ Phone: \_\_\_\_\_  
(license #)

Address: \_\_\_\_\_

Plumber: \_\_\_\_\_ Phone: \_\_\_\_\_  
(license #)

Address: \_\_\_\_\_

Electrician: \_\_\_\_\_ Phone: \_\_\_\_\_  
(license #)

Address: \_\_\_\_\_

TYPE OF POOL (Title 22-Section 65503):

- |                               |                                    |
|-------------------------------|------------------------------------|
| 1. ___ Commercial Pool        | 11. ___ Gymnasium Pool             |
| 2. ___ Real Estate Pool       | 12. ___ Health Establishment Pool  |
| 3. ___ Community Pool         | 13. ___ Townhouse Pool             |
| 4. ___ Hotel Pool             | 14. ___ Condominium Pool           |
| 5. ___ Motel Pool             | 15. ___ Mobile Home Park Pool      |
| 6. ___ Resort Pool            | 16. ___ Campground Pool            |
| 7. ___ Auto/Trailer Park Pool | 17. ___ Homeowner Association Pool |
| 8. ___ Auto Court Pool        | 18. ___ Club Pool                  |
| 9. ___ Apartment House Pool   | 19. ___ Private School Pool        |
| 10. ___ Public School Pool    | 20. ___ Other                      |



COMPRESSED CHLORINE GAS

(Title 22-Section 65547, Title 24-Section 3135B, Article 680-13)

Yes \_\_\_\_\_ No \_\_\_\_\_

Room location: \_\_\_\_\_

Ventilation: Type: \_\_\_\_\_

Location: \_\_\_\_\_

Breathing Apparatus: Type: \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_

Alarm: Type \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Location \_\_\_\_\_

Switch location: \_\_\_\_\_

Equipment interlocks: \_\_\_\_\_

Scale: \_\_\_\_\_

EMERGENCY SWITCH FOR SPA POOLS (Title 24-Section 3138B):

Describe switch and switch location for shut-off of both spa recirculation system and aeration and/or jet system:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DRESSING ROOM BUILDINGS, SHOWERS, TOILET FACILITIES (Title 22-Section 3116B):

Yes \_\_\_\_\_ No \_\_\_\_\_

Material and color of floor: \_\_\_\_\_

Slope of floor: \_\_\_\_\_

Finish of floor: \_\_\_\_\_

Number of floor drains: \_\_\_\_\_

Radius of coving: \_\_\_\_\_

Material and color of walls: \_\_\_\_\_

Finish of walls: \_\_\_\_\_

How high above the floor do the walls terminate? \_\_\_\_\_

DRESSING ROOMS (continued)

Square footage of window area: \_\_\_\_\_

Capacity of exhaust fans: \_\_\_\_\_

PHYSICALLY HANDICAPPED ACCESSIBILITY FACILITIES (Title 24-11B Section 1104B):

Describe type and location: \_\_\_\_\_

\_\_\_\_\_

POOL SHELL (Title 24-Section 3108B):

Material: \_\_\_\_\_

Color/finish: \_\_\_\_\_

Length: \_\_\_\_\_ Width: \_\_\_\_\_

Water depth: Maximum: \_\_\_\_\_ Minimum: \_\_\_\_\_

Location of devices for attaching rope and buoys at break in pool:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POOL GEOMETRY (Title 24-Section 3109B):

Refer to California Swimming Pool Regulations, Appendix A

Pool Dimensions:

D-1		L-1	
D-2		L-2	
D-3		L-3	
D-4		L-4	
D-5		W-1	
D-6		W-2	

Slope of bottom: Beyond break \_\_\_\_\_ Shallow end \_\_\_\_\_

PERMANENT MARKINGS (Title 24-Section 3110B):

Describe depth markers: \_\_\_\_\_

Depth Marking Line: \_\_\_\_\_

Lane Markers: \_\_\_\_\_

Size/color: \_\_\_\_\_

Location: \_\_\_\_\_

Describe any decorative designs on pool bottom:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LADDERS AND STAIRS/RECESSED STEPS AND STAIRS (Title 24-Section 3111B):

Detailed drawings must be submitted.

**Shallow End**

Number of steps: \_\_\_\_\_ Top Step Tread width: \_\_\_\_\_ Other Tread width: \_\_\_\_\_

Riser height: \_\_\_\_\_

Location: \_\_\_\_\_ Number of handrails: \_\_\_\_\_

**Deep End**

Number of ladders: \_\_\_\_\_ Pool wall clearance: \_\_\_\_\_

Location: \_\_\_\_\_

Number of recessed steps/stairs: \_\_\_\_\_

Tread Depth: \_\_\_\_\_ Tread width: \_\_\_\_\_

HANDHOLDS (Title 24-Section 3112B):

Height of coping above water level: \_\_\_\_\_

Special use pools--Describe handholds: \_\_\_\_\_

Coping material: \_\_\_\_\_

Coping texture: \_\_\_\_\_

Overhang of coping: \_\_\_\_\_

Thickness of coping: \_\_\_\_\_

DIVING BOARDS (Title 24-Section 3113B):

Number: \_\_\_\_\_ Height above water: \_\_\_\_\_

How far over the water do they extend? \_\_\_\_\_

Distance to obstructions over diving board to ten feet in front of it: \_\_\_\_\_

Railings: \_\_\_\_\_

POOL DECKS (Title 24-Section 3114B):

Minimum width: \_\_\_\_\_ Area: \_\_\_\_\_ Sq. ft.

Slope: \_\_\_\_\_ Drainage to: \_\_\_\_\_

Finish: \_\_\_\_\_

Number of deck drains: \_\_\_\_\_ Drain inlet size: \_\_\_\_\_

How far apart are deck drains? \_\_\_\_\_

POOL LIGHTING-Underwater and Deck (Title 24-Section 3115B, Section 116049.1):

Detailed drawings must be submitted.

Number of lights: \_\_\_\_\_ Wattage: \_\_\_\_\_ Amps: \_\_\_\_\_

Type of overcurrent protection: \_\_\_\_\_ Amps: \_\_\_\_\_

Grounded to: \_\_\_\_\_

How many lights on each circuit? \_\_\_\_\_

Conforms to California Electrical Code, Article 680:

Yes \_\_\_\_\_ No \_\_\_\_\_

WATER SUPPLY (Title 24-Section 3118B):

Water source: \_\_\_\_\_

Backflow prevention: \_\_\_\_\_

Air gap separation for pool fill inlets: \_\_\_\_\_

Inlets: Type: \_\_\_\_\_ Location: \_\_\_\_\_

Outlets: Type: \_\_\_\_\_ Location: \_\_\_\_\_

FILTRATION (Title 24-Section 3128B):

Detailed drawings must be submitted.

SAND FILTERS (Title 24-Section 3129B):

Manufacturer and type: \_\_\_\_\_

Area of bed filter: \_\_\_\_\_

Filtration rate: \_\_\_\_\_ Gal/Sq Ft/Min.

Filter sand: Depth: \_\_\_\_\_ Effective size: \_\_\_\_\_

Uniformity coefficient: \_\_\_\_\_ Depth of gravel: \_\_\_\_\_

Sizes: \_\_\_\_\_ Freeboard above sand: \_\_\_\_\_

Are filters provided with:

Pressure gauge: \_\_\_\_\_ Sight glass: \_\_\_\_\_ Air release valve: \_\_\_\_\_

Coagulant addition: \_\_\_\_\_

Backwash rate: \_\_\_\_\_ Discharged to: \_\_\_\_\_

DIATOMACEOUS EARTH FILTERS (Title 24-Section 3130B):

Manufacturer and type: \_\_\_\_\_

Pressure type: \_\_\_\_\_ Vacuum: \_\_\_\_\_

Continuous filter aid feed: \_\_\_\_\_ Rate: \_\_\_\_\_

Filter surface area: \_\_\_\_\_ sq.ft. Filtration rate: \_\_\_\_\_ gal/sq.ft.

How is backwashing done?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CARTRIDGE FILTERS (Title 24-Section 3132B):

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Area of bed filter: \_\_\_\_\_

Filtration Rate (gallons/square feet/minute): \_\_\_\_\_

Size: \_\_\_\_\_

Additional set of filters: Yes \_\_\_\_\_ No \_\_\_\_\_

DRINKING FOUNTAINS (Title 24-Section 3117B):

Number: \_\_\_\_\_ Location: \_\_\_\_\_

HOSE BIBBS (Title 24-Section 3118B):

Number: \_\_\_\_\_ Location: \_\_\_\_\_

FENCING AROUND POOL (Title 24-Section 3122B):

Type and location: \_\_\_\_\_

For chain link:  
size of openings: \_\_\_\_\_

Other fencing:  
Distance between vertical members: \_\_\_\_\_

Distance between horizontal members: \_\_\_\_\_

Distance between bottom of enclosure and finished grade: \_\_\_\_\_

Height of fence: \_\_\_\_\_

FOUNDATIONS FOR POOL EQUIPMENT (Title 24-Section 3122B):

Type: \_\_\_\_\_ Location: \_\_\_\_\_

RECIRCULATION SYSTEM (Title 24-Section 3125B):

Pump: Make: \_\_\_\_\_ Model: \_\_\_\_\_

Pump rating: \_\_\_\_\_ hp \_\_\_\_\_ gpm at \_\_\_\_\_ feet of head loss

If Spa-Booster Pump: Make: \_\_\_\_\_ Model: \_\_\_\_\_

Pump Rating (hp): \_\_\_\_\_

TYPE (i.e., skimmer, main drain, return)	Pipe Size (inches)	Length (feet)	Number of Fittings

Note: Spa pool aeration and/or jet system shall be completely separate from recirculation system(s) (Title 24, Section 3138B).



RECIRCULATION SYSTEMS (continued)

Location of valves: \_\_\_\_\_

Location of rate of flow indicator: \_\_\_\_\_

Location of gauges: \_\_\_\_\_

Location of strainers: \_\_\_\_\_

Pool volume: \_\_\_\_\_

Design turnover rate: \_\_\_\_\_

CHEMICAL FEEDERS (Title 24-Section 3138B):

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Capacity (pounds per day minimum): \_\_\_\_\_

DISINFECTANT FEEDERS (Title 24-Section 3138B):

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Sanitizer: \_\_\_\_\_

Capacity (pounds per day minimum): \_\_\_\_\_

Rate of flow adjustment: \_\_\_\_\_

SKIMMING SYSTEMS (Title 24-Section 3136B):

Detailed drawings must be submitted.

<b>Perimeter Overflow Channels</b>		<b>Surface Skimmers</b>
Depth:	Width:	Number:
Slope:	Length:	Manufacturer/type:
Size of outlets:		Total rate of flow:
Discharge to:		Adjustable over what variation in water levels:
Surge storage capacity:		Type device to prevent airlock in recirculation:

POOL FITTINGS (Title 24-Section 3137B):

Detailed drawings must be submitted.

Outlets:

<b>Pool Main Drain Covers/Grates</b>		
Make:	Model:	Number:
Max gpm (floor):		
<b>Equalizers</b>	Yes	No
Make:	Model:	Number:
Max gpm:	Floor:	Wall:
<b>Hydrostatic Relief Device</b>	Yes	No
Type:	Make:	Model:

INLETS (Return Lines):

Type:	Number:	Location:
Distance below water line:		

CLEANING SYSTEMS (Title 24-Section 3140B):

Suction type: \_\_\_\_\_

Jet Type: \_\_\_\_\_

Manufacturer and model #: \_\_\_\_\_

WASTE WATER DISPOSAL (Title 24-Section 3141B):

Type and location: \_\_\_\_\_

Piping: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Company & mailing address: \_\_\_\_\_

Person(s) to contact: \_\_\_\_\_

Daytime telephone number(s): \_\_\_\_\_

**Incomplete plans may be subject to additional review fees pertaining to our hourly rate of \$160.95.**