



Division of Environmental Health  
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## Aquatic Facility Worksheet

**Establishment Name:** \_\_\_\_\_

**Establishment Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

**Owner Address:** \_\_\_\_\_

**Owner Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**The following MUST accompany this application:** *(incomplete plans will not be accepted)*

1. One complete set of hard copy plans showing the layout, equipment room, bath house, and showing the side view of the aquatic facility.
2. Specification (cut) sheets on the following equipment: pump, filter, heater, disinfecting device, chemical feeders, flow meter, skimmers, water features, slides, and other important equipment. *All equipment shall be NSF approved.*
3. Fee: **New Pool or other Aquatic Facility - \$380.00** **New Spa - \$250.00** **Remodel - \$125.00**
4. Certified Pool Operator Certificate for this aquatic facility.

Is this Aquatic Facility: *(check all applicable boxes)*

- General Use – open to any person who wishes to use it.
- Limited Use – use limited to residents, members etc.
- Annual     Temporary
- Indoor     Outdoor
- Night Swimming  Yes     No

**Water Source:** \_\_\_\_\_ **Wastewater Disposal:** \_\_\_\_\_

**Backflow Prevention Method:** \_\_\_\_\_

**Surface Area:** \_\_\_\_\_ Sq. Ft.

**Volume:** \_\_\_\_\_ Gallons

**Length:** \_\_\_\_\_ Ft.

**Width:** \_\_\_\_\_

**Depth:** \_\_\_\_\_ *(shallow end)* \_\_\_\_\_ *(deep end)*

**Filtration Rate:** \_\_\_\_\_ gpm

**Turnover Rate:** \_\_\_\_\_ Min. / Hr.

**Aquatic Facility Structure:**     Poured Concrete     Gunite     Fiberglass     Other \_\_\_\_\_

**Deck Finish Type:** \_\_\_\_\_ **Slope to drain ( 1/4 inch per min.)** \_\_\_\_\_

**Deck Width:**  (4' min. for limited use) \_\_\_\_\_  (8' min. for general use) \_\_\_\_\_

**Depth markers locations at:** \_\_\_\_\_ ft. \_\_\_\_\_ ft. \_\_\_\_\_ ft. \_\_\_\_\_ ft. \_\_\_\_\_

**Gutter/Skimmer:**

Gutters:  Yes  No **Details required on plans.**

Skimmer: Make \_\_\_\_\_ Model No. \_\_\_\_\_ NSF Approved? \_\_\_\_\_

Number of units: \_\_\_\_\_ Throat Diameter: \_\_\_\_\_

**Filter Information:**

Make \_\_\_\_\_ Model No. \_\_\_\_\_ NSF Approved? \_\_\_\_\_

Number of filters: \_\_\_\_\_ Type of filter: \_\_\_\_\_

Area of filter: \_\_\_\_\_ sq. ft. Total filter area: \_\_\_\_\_ sq. ft.

Circulation Rate: \_\_\_\_\_ gpm. Backwash Rate: \_\_\_\_\_ gpm. Turnover Rate: \_\_\_\_\_

**Pump Information:**

Horsepower: \_\_\_\_\_ Strainer Size: \_\_\_\_\_ Circulating Rate: \_\_\_\_\_ gpm \_\_\_\_\_ tdh

**Disinfecting Device:**

Make \_\_\_\_\_ Model No. \_\_\_\_\_ NSF Approved? \_\_\_\_\_

Chlorine: \_\_\_\_\_ Type of Cl<sub>2</sub> \_\_\_\_\_ Bromine \_\_\_\_\_ Other \_\_\_\_\_

**Chemical Feeders:**

Make \_\_\_\_\_ Model No. \_\_\_\_\_ NSF Approved? \_\_\_\_\_

**Other Equipment:**

Flow Meter Make: \_\_\_\_\_ Model No. \_\_\_\_\_ NSF Approved? \_\_\_\_\_

Main Drains Quantity: \_\_\_\_\_ Anti Vortex (Y/N) \_\_\_\_\_ Openings ( 5/8 inch max) \_\_\_\_\_

Inlets Quantity: \_\_\_\_\_ **Indicate locations on plans.**

Deck Lights Quantity: \_\_\_\_\_ Watts: \_\_\_\_\_

Underwater Lights Quantity: \_\_\_\_\_ Watts: \_\_\_\_\_

Diving Boards Quantity: \_\_\_\_\_ Length: \_\_\_\_\_

Ladders Quantity: \_\_\_\_\_ Tread Width: \_\_\_\_\_

Lifeguard Chair Quantity: \_\_\_\_\_ Height: \_\_\_\_\_ Portable (Y/N) \_\_\_\_\_

Ring Buoy Quantity: \_\_\_\_\_ Diameter: \_\_\_\_\_ Rope Length: \_\_\_\_\_

Shepherds Crook Quantity: \_\_\_\_\_ Length: \_\_\_\_\_

Test Kit Make: \_\_\_\_\_ Model: \_\_\_\_\_

Spa Controls/Timer Time Period: \_\_\_\_\_ Distance from spa's edge: \_\_\_\_\_

Drinking Fountains Quantity: \_\_\_\_\_ **Indicate locations on plans.**

**Equipment Room**

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

Slope to drain ( ¼ in. per ft. min.) \_\_\_\_\_

**Bath House**

Will there be a bath house (Y/N) \_\_\_\_\_

Tempered water temp \_\_\_\_\_ °F.

**Enclosure**

Fence Height: \_\_\_\_\_

Self latching gate (Y/N) \_\_\_\_\_

Latch Height \_\_\_\_\_

**Gas Chlorine Storage Room**

Will gas chlorine be used? ( Y / N)

Separate storage room? ( Y / N)

Window in door? ( Y / N)

Is the room vented? ( Y / N)

Scale Supplied ( Y / N)

Mask Provided ( Y / N)

**Pool Slides/Flumes/Water Features**

Indicate if planning to be installed ( Y / N)

Will it be lubricated with flowing water? ( Y / N)

**Signs**

Please indicate exact wording (Most commercial signs do not meet local requirements.)