City of Austin

## AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT

ENVIRONMENTAL HEALTH SERVICES DIVISION P.O. BOX 142529 Austin, TX 78714

Phone: (512) 978-3325 Email: EHSD.Service@austintexas.gov



## SWIMMING POOL/SPA PLAN REVIEW CHECKLIST

The following items must be included on plans (additional information may be required):

- □ Name and physical address of the property at which the pool/spa is to be constructed.
- □ Name of the Designer with signature and seal if designed by a Registered Sanitarian, Professional Engineer/Architect or other design professional.
- □ Name and phone number of a responsible party or principal contact.
- □ Classification of pool, as per TAC Chapter 265; i.e., Class A, B, C or D.
- □ A scaled overhead diagram of the pool/spa yard and surrounding area with dimensions, elevations and distances from buildings, emergency phone(s), restrooms, showers, water fountains, water or fill-hose connection(s), etc, as applicable.
- □ A scaled overhead diagram of the pool/spa indicating decking, entries & exits, return inlets, suction outlets, lights, skimmers, visual separation bands/demarcations, offset ledges, seat benches, water lounges, zero-depth entries, deck-top "NO DIVING" wording and symbol, water depths, etc.
- □ A cross-section diagram of the pool/spa, enclosure, decking, pool/spa entry steps/ladders/recessed treads, etc, with all vertical/horizontal dimensions, including the depth of the pool/spa at various points and depth marker tiles.
- □ The volume of the pool/spa in gallons.
- □ Construction materials used for the finished pool/spa interior, decking and enclosure.
- □ Specify the suction outlet cover(s) or grate(s) and any suction vacuum release or anti-entrapment devices, in accordance with TAC Chapter 265 and the Virginia Graeme Baker Act.
- Specify the design turnover rate with calculations.
- □ Filter type/media specifications and capacity.
- Specify the method of disinfection.
- Provide a statement indicating how pool/spa filter backwash will be disposed (as applicable).
- Enclosures must be designed in accordance with TAC Chapter 265 and TX HSC Chapter 757.

Jurisdiction	Submit Plans and Plan Review Fee to:	# Copies/Sets of Plans Required	Plan Review Fee
City of Austin	One Texas Center/Health Review 505 Barton Springs Road, 2nd floor, Austin, TX 78704	2	\$241
Inter-Local Agreement	Rutherford Lane Campus-EHSD 1520 Rutherford Lane, Bldg 1 Mailing address: EHSD, P.O. Box 142529, Austin TX 78714	1	\$241
Travis County/ Unincorporated Areas	Rutherford Lane Campus-EHSD 1520 Rutherford Lane, Bldg 1 Mailing address: EHSD, P.O. Box 142529, Austin TX 78714	1	\$50

**NOTE:** A plan review fee shall be assessed for the 2<sup>nd</sup> re-submittal and for each re-submittal thereafter; i.e., no fee assessed for the 1<sup>st</sup> re-submittal.

## **SWIMMING POOL/SPA CODES**

- Texas Administrative Code: Title 25 Chapter 265 Standards for Swimming Pools & Spas
- Texas Health & Safety Code: Chapter 757 Pool Enclosures
- City of Austin Code: Chapter 10-7 Pools and Spas
- Travis County (Unincorporated Areas): Chapter 61.A Regulations and Permitting of Public Pools and Spas