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

Phone: (512) 978-0300 Email: ehsd.service@austintexas.gov Web Address: http://www.austintexas.gov/ehsd

Walk-in Location	: 1520 Rut	herford LN, NE corner of Rutherford LN	I @ Cameron RD, Building 1 East	t Entrance (Not a Mailing A	Address)
Swi	mming	Pool, Spa, & Public Interaction Plan Review		untain (PIWFF)	
Business Information		Note: Incomplete applications w	rill not be processed and will b	pe returned	
Business Name:		Sp	pecify the number of each:	Pool Spa _	PWIFF
Physical Address:	Street	City	State	Zip Code	
		ment Condo HOA Hote		,	
(check one) Plan Designer:			Phone:		
		Designer Name		(###) ### - ####	
Contact Information		Print names as they appear on	the Government Issued Photo	D(s) submitted	
Ownership:		Phone: _	Email:		
	me/First Na	me or Company Name	(###) ### - ####	(Internal use only)	
Address:Street (include Suite	e/Unit)	City	State	Zip Code
E. L. C		N. D. C. J			•
Fee Information:		Note: Refund requests will not		• •	
Note	: A separa	te Plan Review fee is required for each PIWFF(s) in the unincorporat		No fee is required for	
		City of Austin	Contracted Municipalities*	Travis County	
Plan Re	view Fee	\$275.00	\$275.00	\$50.00	
Mail Ado	dress	One Texas Center/Health Review 505 Barton Springs Road, 2nd floor Austin, Texas 78704	EHSD Plan Review P.O. Box 142529 Austin, Texas 78767	EHSD Plan Review P.O. Box 142529 Austin, Texas 78767	
Walk-in	Address	505 Barton Springs Road, 2nd floor Austin, Texas 78704	1520 Rutherford Ln, 1200A Building 1, Suite 200 Austin, TX 78754	1520 Rutherford Ln, Building 1, Suite 200 Austin, TX 78754	
	* Not I	imited to Bee Cave, Lakeway, Manor, Rolli	ingwood, Sunset Valley, Volente, W	estlake Hills	
Payment must accompany	ake checks D application ntexas.gov	DO NOT MAIL CA Forms Accepted: Cash, Check, Mon s and money orders payable to: ATCHD ebit cards not accepted. Credit cards not as submitted by mail (see above) or in p) please note that an EHSD representa	ney Order, Visa, MasterCard, Disposer or Austin/Travis County Health & cot accepted for Travis County paymerson at the walk-in location (see	& Human Services /ments. e above). For customers s	ubmitting via nt within 2
				<u>-</u>	
Applicant's Signature		Print Name		Date	9

I acknowledge that all information supplied above is true and correct to the best of my knowledge and belief. I further acknowledge that the service, for which I am applying, is subject to all provisions of the orders and ordinances of Austin & Travis County, and all of the provisions of the codes, statutes and rules adopted under the codes and statutes of the State of Texas governing pool establishments.

PLAN REVIEW CHECKLIST

The following information is required for all plan submissions reviewed by the Environmental Health Services Division (EHSD) - This list serves as a minimum requirements guide and is not all-inclusive

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

- The property name and address (physical) on which the construction will take place.
- The plan designer's name with signature and seal if designed by a Registered Sanitarian, Professional Engineer/Architect or other design professional.
- The name and phone number of a responsible party or principal contact.
- 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.
- 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).

Additional Swimming Pool or Spa Requirements

- Enclosures must be designed in accordance with TAC Chapter 265 and TX HSC Chapter 757.
- The classification of pool, as per TAC Chapter 265; i.e., Class A, B, C or D.
- 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.
- The 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.

Additional Public Interactive Water Feature/Fountain (PWIFF) Requirements

- A cross-section diagram of the PIWFF, including any areas where water is designed to pool.
- Specify the type of supplemental treatment system.
- Warning and notification signs must be posted at the entrance of all PIWFF(s), or where the signs are clearly visible to users
 entering the PIWFF area before contact with PIWFF water occurs. Signs should be securely mounted, clearly visible, and easily
 read with letters in a contrasting color to the background. The required signage can be combined into a single sign. The signage
 must contain the following notifications and warnings in letters that are at least 2 inches in height:
 - (1) "Non-Service Animals Prohibited"
 - (2) "Changing Diapers Within 6 Feet Of The Water Feature is Prohibited"
 - (3) "Use Of The Water Feature If III With A Contagious Disease is Prohibited"
 - (4) "Do Not Drink Water From The Water Feature"
 - (5) "Use Of The Water Feature When III With Diarrhea is Prohibited"
- PIWFF(s) without an on-site owner or operator a must post signage that provides a contact number to be used in the event of a malfunction, unsanitary condition, or any other non-emergency problem requiring correction. Letters and numbers on the posted sign must be a minimum of 2 inches in height and the sign must be clearly visible.

Location	Submission Address	Set of Plans Required	Review Fee
City of Austin	One Texas Center/Health Review 505 Barton Springs Road (2nd floor) Austin TX 78704	2 Pool/Spa 4 PWIFF (COA Only)	\$275 *
Austin Surrounding Areas	EHSD / Health Review	1 Pool/Spa	\$275 *
Travis County (Unincorporated) excludes PIWFF(s)	P.O. Box 142529 Austin TX 78714	1 Pool/Spa	\$50 *

^{*} Resubmission: The first resubmission will be free of charge; each subsequent resubmission will result in a fee.

SWIMMING POOL/SPA CODES

Texas Administrative Code: Title 25 Chapter 265
Title 25 Chapter 265.301 – 265.308

Texas Health & Safety Code: Chapter 757
City of Austin Code: Chapter 10-7
Travis County Code: Chapter 61.A

Standards for Swimming Pools & Spas

re: Public Interactive Water Features & Fountains (PIWFF)

Pool Enclosures Pools and Spas

Regulations and Permitting of Public Pools and Spas

^{*} Additional Fees: A separate plan review fee is required for each enclosed pool, spa or PIWFF (yard/area)