FOR OFFICE USE							
Received:	Paid On:	Amount:	Receipt	: СК-	-сс–сн		
Initial:	Row ID:	Juris:	COA / TC / ILA				
CTOTATION PROVIDENCE	Phone (512	RONMENTAL HEAL P.O. BOX 142529 978-0300 Email:	BLIC HEALTH TH SERVICES DIVISION Austin, TX 78714 <u>ehsd.service@austintex</u> as-interactive-water-featu	as.gov	Austin Public Health		
Walk-in Location for ILA a	nd Travis County Only: 1520	Rutherford LN, NE corner	of Rutherford LN @ Cameron R	RD, Building 1 East Entrand	ce (No Mail Accepted here)		
Swimming Pool, Spa, & Public Interactive Water Feature/Fountain (PIWFF) Plan Review Application							
Establishment Info	rmation Note: Inco	mplete applications	will not be processed and	d will be returned			
-	sted: Pool		total number of filtrat) which flow directly into an tion systems present.	nother pool/spa, enter the		
Establishment Nam	ie:						
Physical Address:	Street (include Suite/Unit)		City	State	Zip Code		
Property Type:	(HOA 🗆 Hotel 🗆 F	Fitness Center				
Ownership Information Print full legal names as they would appear on a Government Issued Photo ID(s)							
Business Entity/Owner:							
Email Address:	Lust Nume, Filst Ne		Phone Number:				
	Email addresses will not be d	stributed. (Internal use or		(###) ###	- #####		
Applicant Information	n Print full le	gal names as they v	vould appear on a Gover	nment Issued Photo	ID(s)		
Applicant Name:							
	Last Name	First Name		Middle Name			
Email Address: _	Email addresses will not be d	stributed. (Internal use or	Phone Number:		# - ####		
Plan Information							
Submission Date:	MM/DD/YYYY	_ Projected Start:	MM/DD/YYYY	Projected Open:	MM/DD/YYYY		
Plan Designer:	Contact Name			Phone Number:	(###) ### - ####		
Water Provider:	Potable/Drinking Water	Wastewater: 🗆	Municipal Sewer	ved Private Septic Sy tach approval)	stem		
	i otable/Dimking Waler		(at				

Applicant's Signature

Print Name

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.

Fee Information:

Request Type		City of Austin and Contracted Municipalities		Unincorporated Travis County	
Plan Review Fee		\$312	\$50		
* Not limited	to Bee Cave, Lakew	ay, Manor, Pflugerville, Rollingwo	ood, Sunset Valley,	Volente, Westlake Hills	
lication Submiss	ion Information:				
ote: A separate Plan hincorporated Travis		for each pool, spa or PIWFF (yard/area).	No fee is required for	PIWFF(s) in the	
		for each pool, spa or PIWFF (yard/area). In Person	No fee is required for By Mail	PIWFF(s) in the Online	
nincorporated Travis	County jurisdiction.	In Person		Online Online only through	
hincorporated Travis	County jurisdiction. Plans Required	In Person Not available	By Mail	Online	

DO NOT MAIL CASH PAYMENTS

City of Austin and ILA Jurisdiction: Cash, Check, Money Order, Visa, MasterCard, Discover, AMEX Unincorporated Travis County Jurisdiction: Cash, Check, Money Order Make checks and money orders payable to: Austin Public Health

The Plan Review fee may be refundable upon request within 180 days from date of payment.

Payment must accompany applications submitted by mail (Environmental Health Services Division, PO BOX 142529, Austin, TX 78714) or in person at the walk-in location (1520 Rutherford LN). For customers submitting via email (<u>ehsd.service@austintexas.gov</u>), payment instructions will be emailed to you to make credit card payment over the phone for City of Austin and ILA jurisdictions.

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 requirement guide and is not all-inclusive

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

- 1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan, accurately drawn to a minimum scale of 1/4"= 1 foot.
- 2. The property name and address (physical) on which the construction will take place.
- 3. The plan designer's name with signature and seal if designed by a Registered Sanitarian, Professional Engineer/Architect or other design professional.
- 4. The name and phone number of a responsible party or principal contact.
- 5. 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.
- 6. Specify the design turnover rate with calculations.
- 7. Filter type/media specifications and capacity.
- 8. Specify the method of disinfection.
- 9. 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 ISPSC 2018, 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 ISPSC 2018, 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.

Swimming Pool/Spa Codes

Texas Administrative Code:	Title 25 Chapter 265, Standards for Swimming Pools & Spas,
	Title 25 Chapter 265.301 – 265.308, re: Public Interactive Water Features & Fountains (PIWFF)
Texas Health & Safety Code:	Chapter 757, Pool Enclosures
City of Austin Code:	Chapter 10-7, Pools and Spas
Travis County Code:	Chapter 61.A, Regulations and Permitting of Public Pools and Spas
International Swimming Pool a	and Spa Code: (ISPSC) 2018, Commercial Pools, Spas, & PIWFFs
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