

Cheyenne/Laramie County Pool/Spa Application

Cheyenne/Laramie County Environmental Health

100 Central Ave. - Cheyenne, WY 82001

307-633-4090 Fax 307-633-4038

Establishment Name: _____

Establishment Address: _____

Phone Number: _____ Fax Number: _____

Contact Name: _____ Email: _____

Owner Name: _____

Owner Address: _____

Owner Phone: _____ Fax Number: _____

Submit the following with this application:

1. One complete set of plans showing the layout of the pool/spa, equipment room and bathhouse and showing the side view of the pool/spa.
2. Spec (cut) sheets on the following equipment: pump, filter, heater, disinfecting device, chemical feeders, flow meter, skimmers and other important equipment. **All equipment shall be NSF approved.**

Is this pool/spa:

General Use (open to any person who wishes to use it): _____

Limited Use (use limited to residents, members etc...): _____

Indoor: _____ or Outdoor: _____ Night Swimming allowed? _____

Water Source: _____ Wastewater Disposal to: _____

Backflow Prevention method for pool/spa fill? _____

Pool surface area: _____ sq. ft. Pool Volume: _____ gallons

Pool Length: _____ Pool Width: _____ Pool Depth at shallow: _____ deep: _____

Filtration Rate: _____ gpm Turnover Rate: _____ min/hr.

Pool Structure: Poured Concrete _____ Gunite _____ Fiberglass _____ Other _____

Deck Finish Type: _____ Slope to drain (1/4 in per ft min.) _____

Deck Width: (4' min. limited use & 8' min. general use) _____

Depth markers locations at: _____ ft _____ 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: _____ hours

Pump Information:

Horsepower: _____ Strainer Size: _____ Circulating rate: _____ gpm _____ tdh.

Disinfecting Device:

Make:_____ Model No.:_____ NSF approved:_____

Chlorine:_____ Type of Cl₂_____ 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 Bouy Quantity:_____ Diameter:_____ Rope Length:_____

Sheperds Crook Quantity:_____ Length:_____

Test Kit (DPD Only) Make:_____ Model:_____

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

Drinking Fountains Quantity:_____ Indicate location on plans.

Equipment Room

Floor Finish:_____ Slope to drain (1/4 in per ft min.)_____

Bath House

Will there be a bathhouse(Y/N)_____ Tempered water temp _____°F

Complete info shall be provided on plans.

Enclosure

Fence Height:_____ Self Latching Gate(Y/N):_____ Latch Height:_____

Gas Chlorine Storage Room

Will gas chlorine be used?_____ Separate storage room(Y/N)_____ Window in door(Y/N)_____

Is the room vented (Y/N)_____ Scale Supplied(Y/N)_____ Mask Provided(Y/N)_____

Slides/Flumes

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)