

Application for Public Pool Plan Review

City of Vineland Health Department
640 E. Wood St, P.O. Box 1508
Vineland, NJ 08362-1508
(856) 794-4131

Fee: \$250 due with application

Name of Facility _____

Address of Facility _____

Date of Application _____

Owner of Facility _____

Address of Owner _____

Phone number of owner _____

Company Installing pool/hot tub _____

Contact person at company _____

Address of Company _____

Phone number of Installer _____

Name of Engineer involved with pool design _____

Address of Engineer _____

Phone number of Engineer _____

Person in Charge of project (if different from installer) _____

Phone number of Person in Charge _____

Note: Application must include Engineer's Certification on page 3 and plans prepared by an Engineer or Architect. Plans must be complete to start the review process. Plans must comply with NJAC 8: 26-et al. Plans must include: dimensions of pool; specs on filter, pump and grate covers; ladder and stair details; wall slopes/ledges; overflow collection system; flow meter and pressure gauge locations; slope of deck; width of decks; enclosures around pool/spa; location of depth markings. Other information may be requested upon review.

Information on pool, hot tub or spa (if more than one will be installed, a separate application must be used):

1. Type of pool ___Indoor ___ Outdoor ___ Hot tub/spa ___Wading pool
2. Intended usage: ___general public ___club members ___ other (explain) _____
3. Volume of pool/spa: _____gallons
4. Source of water for pool/spa: ___public ___ private ___other (explain) _____
5. Color/pattern of pool/spa bottom: _____
6. Are diving boards intended? __Yes __No
If yes: Use of board(s)? ___general __competition ___both
7. Method of disinfection _____
8. Where will the backwash water from the filter be disposed? _____
9. What is the method of adding water to the pool/spa? _____
10. What type of piping will be used for the circulation system? _____

For Hot tubs/spas only

11. What is the maximum depth of the hot tub/spa? _____
12. What is the maximum depth of any seat or bench? _____
13. What is the maximum temperature of the hot tub/spa? _____°F
14. How will the unit be drained? _____
15. Where will the audible alarms be located? _____

Engineering Certifications

Name of Facility _____

Address of Facility _____

Type of Bathing facility ___pool ___ spa/hot tub

I hereby certify that the following calculations were prepared by my office and are certified to be accurate and true.

Turnover time for circulation system (NJAC 8:26-3.15b or 4.7b) _____ hours

Flow rate through suction line handling both main drains (NJAC 8:26-3.16(a)2) _____ ft/sec

Maximum flow rate throughout circulation system (NJAC 8:26-3.16(a)2) _____ ft/sec

Maximum flow rate through the openings in the suction grates (NJAC 8:26-3.16(a)2) _____ ft/sec

The suction system flow through the main drain and skimming systems is designed to accommodate a minimum of two-thirds of the circulation turnover rate through each system independently. _____ (initial) NJAC 8:26-3.16(a)3

The suction system is designed such that the maximum flow rates cannot be exceeded during normal operation. _____ (initial) NJAC 8:26-3.16(a)5

Name of Engineer (document must be sealed)

Date