

PBF Permit Application

Water Division

Watershed Management Bureau

Public Pool and Spa Program

**RSA/Rule**: RSA 485-A:26, II(a), Env-Wq 1100

RSA 485-A:26, II(a), No person shall construct or install, operate or maintain an artificial swimming pool or bathing place open to and used by the public, or as a part of a business venture, or a public bathing facility unless the construction, design, and physical specifications of such pool or bathing place have received prior approval from the department. The department shall charge a non-refundable design review fee of $100 for a pool 400 square feet in area and an additional $25 for every additional 100 square feet. The fee shall be paid to the department upon submission of such plans for review.

**NOTE: No installation or reconstruction of a public bathing facility (PBF) may be initiated until NHDES approval has been granted. No changes to any PBF structure, including any circulation or disinfection system component, may be made without prior approval from NHDES. The PBF may not be opened to the public prior to a pre-opening inspection by NHDES. If any requirement in Env-Wq 1100 conflicts with a local ordinance, the requirement that is more protective of public health applies. Plans must be prepared and/or reviewed and stamped by a licensed New Hampshire Engineer certifying that the proposed PBF meets the design requirements of Env-Wq 1100. Applications without the fee, all required information and supporting documents will not be reviewed until the submittal is complete. The application fee calculation is based on water surface area and does not include the deck area.**

**I: Contact Information:**

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| **Establishment** (where Pool or spa will be located): |
| Name: |
| Physical location (street number/street name): |
| City & Zip Code of physical location: |
| Phone Number: |

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| **Contact For Inspections:** | |
| Name: | Company: |
| Phone Number: | Email: |

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| **Contact For Billing (if different):** | |
| Name: | Company: |
| Phone Number: | Email: |

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| **Contact For Enforcement (if different):** | |
| Name: | Company: |
| Phone Number: | Email: |

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| **PBF Owner** |
| Name: |
| Company: |
| Mailing Address: |
| Phone Number: |
| Email: |

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| **PBF Designer** |
| Company: |
| Contact name: |
| Mailing address: |
| Phone Number: |
| Email: |

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| **PBF Installer**  Check if same as PBF Designer (if known at time of application) |
| Company: |
| Contact name: |
| Mailing address: |
| Phone Number: |
| Email: |

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| **General Contractor** (if applicable and known at time of application) |
| Company: |
| Contact name: |
| Mailing address: |
| Phone Number: |
| Email: |

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| **NH Licensed Engineer** | |
| Name: | |
| Company: | |
| NH License number: | License Expires: |
| Phone: | |
| Email: | |

**II: FACILITY:**

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| **Type of Facility** | Swimming  Wading  Therapy  Special Recreation  Spa |
| If Special Recreation, please describe (e.g., spray pad, lazy river, catch pool, etc.): | |
| Use: | Seasonal  Year-Round󠄏 |
| Location: | Indoor  Outdoor  Indoor and Outdoor |

**III: STRUCTURE:**

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| Operating Volume (gallons): |
| Material of construction:  Gunite  Vinyl  Fiberglass  Other |
| Shape: |

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| **Depths from operational water level (feet and inches)** |
| Shallow end: |
| Depth at breakpoint: |
| Depth at deep end wall or 12” from wall, whichever is deeper: |
| Max depth in deep end: |
| Depth of underwater shelf or bench/seat: |
| **Dimensions (feet and inches unless otherwise noted)** |
| Perimeter: |
| Length(s): |
| Width(s): |
| Distance from each slide to side walls: |
| Surface area of water (sq. ft.): |
| Slope of bottom of shallow end (ft./ft.): |
| Slope of transition between shallow and deep end (ft./ft.): |
| Slope of bottom of deep end (ft./ft.): |

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| **Deck area requirements** |
| Minimum of 4 feet of clear space at all points. |
| Deck slopes away from the pool no less than ¼ inch per foot. |
| Deck slopes away from the pool no more than ½ inch per foot. |
| Deck surface is slip-resistant and textured. |
| Deck surface is not carpet or artificial turf/grass. |

**IV: CIRCULATION FILTRATION AND DISINFECTION SYSTEM:**

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| **System Hydraulics** | |
| Designed flow rate of circulation system in gallons per minute (GPM): | |
| ***For multiple filtration systems the designed flow rate should represent the combined flow of each system*** | |
| Designed Turnover Time (Hrs): | Turnover Time = Operating Volume ÷ Designed Flow Rate ÷ 60 |
| Total Dynamic Head (TDH): | |
| **Inlets** (Returns) | |
| Number of directional wall inlets: | |
| Number of floor inlets: | |
| Skimmer system | |
| Number of skimmers: | |
| Perimeter overflow system (Gutter) | |
| **Surge or Collection System** | |
| Type:  Gutter only Surge  Surge or Balance tank Collection tank | |
| Tank total capacity in gallons: | |
| Tank operating volume in gallons: | |

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| **Submerged Suction Outlets, Other Outlets, and Outlet Covers** | |
| Number of outlet(s): | Location of outlet(s):  Floor  Sidewall |
| Outlet type:  Direct suction  Indirect suction (Gravity) | |
| Manufacturer: | |
| Model: | |
| Dimensions: | Outlet cover open surface area (sq. in.): |
| Max outlet cover GPM rating: Floor rating:  Wall rating: | |
| Calculated velocity (ft. per sec.) of water passing through each outlet cover: | |
| Diameter in inches and schedule of all suction outlet piping, including branch piping: | |
| Dedicated vacuum line | |

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| **Flow Measurement** |
| Meter manufacturer: |
| Model: |
| Flow meter range: |
| Vacuum and PSI gauges will be installed at pump. |

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| **Pump Type** | Qty | Manufacturer | Model | H.P. | Max GPM | # of suction outlets per pump |
| Filter Pump |  |  |  |  |  |  |
| Booster/Jet Pump |  |  |  |  |  |  |
| Feature/Slide Pump |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |

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| **Filter Type** | Qty | Manufacturer | Model | Filter area (sq.ft.) | Filter media flow rate (gpm/sq.ft.) |
| High-Rate Sand |  |  |  |  |  |
| Cartridge |  |  |  |  |  |
| Diatomaceous Earth |  |  |  |  |  |
| Regenerative Media |  |  |  |  |  |
| Other: |  |  |  |  |  |

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| **Primary Disinfection** | |
| Sanitizer:  Chlorination  Bromination | |
| Product type:  Liquid  Tablet  Cal-Hypo  Tri-Chlor  Salt | |
| Delivery method:  Erosion  Positive Displacement  Chlorine Generator-Salt (ECG) | |
| Manufacturer: | |
| Model: | |
| Capacity (pounds/day): | Number of Cells (ECG only): |
| Automated Controller (required for Salt ECG per Env-Wq 1109.08(d)(1)) | |
| Manufacturer: | |
| Model: | |
| Disinfection system interlocked with associated circulation pump | |

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| **Supplemental Water Treatment (if installed)** | |
| Ultra-Violet | Manufacturer: |
| Ozone | Model: |
| Other: | |

**V. SAFETY AND MANAGEMENT:**

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| **Entrapment Avoidance Methods and/or Devices ANSI/APSP-7 2013 (check all that apply)** | |
| No suction outlets or drain disablement. | Device Manufacturer: |
| Multiple drains with 3 ft. of separation (Ctr. to Ctr.). | Device Model: |
| Safety Vacuum Release System Device. | |
| Automatic Pump Shut-off Device. | |
| Suction-limiting vent system. | |
| Gravity System or Indirect Suction. | |

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| **Emergency Equipment** |
| 12-foot pole with body hook (Pools only). |
| Type IV Throwable Rescue Flotation Device (Pools only). |
| Rope with floats at break point (Pools only). |
| First aid kit. |
| Depth markers located on Deck and Vertical walls. |
| Functioning clock visible from all spas (Spas only). |
| **Signage** |
| “No Lifeguard” sign posted at all points of access, if applicable. |
| Patron Safety Rules posted. |
| Phone within 200 feet or  Sign indicating nearest location phone. |
| **Barrier Requirements for Outdoor PBFs** |
| Security wall or fence is at least 4 feet high, includes one gate and completely encloses the facility. |
| Gate(s) to the pool/spa area are at least 4 feet high, self-closing, self-latching, open outward, and are lockable. |

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| **Toilets Showers and Bather Load** |
| Maximum bather load (See Env-Wq 1108.19): |
| Number of toilets (per State Building Code): |
| Number of showers provided: |
| Mixing valve provided with showers. |

**VI. WATER SUPPLY AND BACKWASH DISPOSAL:**

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| **Facility water** |
| Source of facility make-up water:  Public Water Supply  Private Well  Surface Water |
| If a public water supply, PWS name and PWS municipality: |
| Water service to the PBF:  Service is protected against backflow and back siphonage.  Service is hard piped with a minimum 6-inch air gap.  Hose bibs are fitted with a vacuum breaker backflow preventer. |

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| **Pool Water and Wastewater Disposal** |
| Sewage and other wastewater (other than filter backwash and pool drainage) will be discharged to:  a public sewer.  a septic system approved under RSA 485-A:29-44 and Env‑Wq 1000. |
| Filter will be backwashed. |
| If to a public sewer, piping is routed with a minimum one-inch air gap. |
| Filter backwash and pool drainage disposal location/system has been approved by the department pursuant to RSA 485:3, X, RSA 485-A:29-44, RSA 485-A:13, I(a), or Env-Wq 402. |

**VII. AIR HANDLING AND VENTILATION:**

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| **Mechanical Ventilation** |
| Dehumidify the recirculated air from the enclosed area. |
| Deliver outside air to the enclosed area at 1:1 of exhausted air or as required in the air handling system specifications. |
| Prevent any re-entrainment. |
| Limit physical or electronic access to system controls. |

**VIII. REQUIRED SIGNATURES:**

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| My signature constitutes declaration that:   * The information provided is true, complete, and not misleading to my knowledge and belief; and * I understand that: * The submission of false, incomplete, or misleading information is grounds for denying the application or revoking any permit that is issued based on the information; and * I am subject to the penalties established in New Hampshire law for making unsworn false statements. | | |
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| Applicant Name | Applicant Signature | Date: (MM/DD/YYYY) |
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| Owner Name | Owner Signature: | Date: (MM/DD/YYYY) |

**IX. DOCUMENTS SHOWING THE FOLLOWING INFORMATION MUST BE PROVIDED:**

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| 1. A plan to scale of the layout of buildings, pool(s), spa(s), deck area, rest rooms, showers, equipment room, and location of backflow prevention and water supply. |
| 1. A plan to scale of pool or spa showing; dimensions, ladders, slides, stairs, benches, underwater shelves, lights, and shut-off switches. |
| 1. Longitudinal section to scale of entire pool or spa and cross-section to scale of the deep end showing dimensions, depths & slopes. |
| 1. Detailed schematic of the entire PBF piping system including the size, location and material of piping configuration of wall and floor inlets, skimmers, perimeter overflows, submerged suction outlets, surge, balance, or collection tanks, vacuum lines, hydrotherapy jets, fill-spout, deck drains, and wastewater disposal. |
| 5. Detailed equipment room layout showing the location, size and configuration of all exposed piping, all pumps, all filter and disinfection system components, heaters, valves, manifolds, gauges, meters, anti-entrapment devices and all other appurtenances as applicable. All system components must be labeled, pipe diameters must be noted and all piping must be labeled and marked indicating the direction of water flow. |
| 6. Cut sheets for all equipment showing that all components are certified to NSF/ANSI 50 requirements as required by Env-Wq 1108.22(a)(1). |
| 7. Specifications of pump, including a pump performance curve showing gallons per minute versus total dynamic head to show that the maximum flow rate of the pump allowing for total dynamic head does not exceed the rating of the main drain cover/grate. |
| 8. Specifications of the filtration components, disinfection components including automated controllers, and entrapment avoidance system components. |
| 9. Documentation showing that the discharge site for any outdoor shower or filter backwash discharge is approved by NHDES as required by Env-Wq 1109.07(g). |

**Submit signed and completed application, fee, and all supporting documentation to:**

NHDES Water Division

29 Hazen Drive

P.O. Box 95

Concord, NH 03302-0095

Attn: PBF Program Manager