

ELKHART COUNTY HEALTH DEPARTMENT
4230 ELKHART ROAD GOSHEN, IN 46526
574-971-4600 (574-971-4599 fax)

1. Check with appropriate zoning department to make sure the proposed location is approved or zoned properly for the intended use of your facility. At this point you may need to apply for any applicable zoning clearances or variances.
2. Submit pool Application to the Indiana Department of Fire and Building Services, Plan Review Division, Office of the State Building Commissioner, Indiana Government Center South, 402 W. Washington Street, Room E245, Indianapolis, IN 46204-2739, www.state.in.US/Sema.
3. Submit completed plan review application (page two) along with the appropriate fee to the Pool Program Environmentalist. You may submit the plans in person at the above address (preferably between 8:00-10:00 a.m. weekdays) or mail them to the attention of the Pool Program Environmentalist at the above address. Plan reviews are done on a first come-first serve basis.
4. A letter will be sent to you with the results of the plan review within two weeks. This letter may include additional requirements that need to be immediately addressed in order for the plan review to be completed. In the event that you need to send any additional or missing information to the Pool Program Environmentalist you may fax it to (574) 971-4599.
5. If the letter states that the plans have been approved it may also include additional comments or corrections that must be immediately addressed.
6. By now you must have obtained all appropriate building/fire permits from the appropriate departments. **AFTER ALL CONSTRUCTION PERMITS HAVE BEEN OBTAINED YOU MAY BEGIN CONSTRUCTION OR REMODELING.**
7. From this point it is crucial that you and the Pool Environmentalist communicate frequently. The Pool Environmentalist may need to make several construction visits to ensure compliance. This also helps to avoid any last minute “surprises” that may be costly to you or delay the opening of your facility. **Prior** to the scheduling of any construction or pre-opening inspections you must provide copies of all building permits you were required to obtain prior to construction.
8. **Prior** to the issuance of a new pool license, the Person in Charge (PIC) of the pool/spa must take and pass (with a score of 80% or higher) a written general knowledge exam on pool care, safety, rules, and maintenance to be taken at the Environmental Health Services office. This can be scheduled with the Pool Program Environmentalist (574-971-4600). Study materials are available upon request. If you have a problem reading English it will be your responsibility to provide an interpreter.
9. Apply for the Pool License and schedule a pre-opening inspection at least two weeks **prior** to the anticipated opening of your facility. Your application will be included with your plan approval letter. Make checks payable to “Elkhart County Treasurer”. The pre-opening inspection should be scheduled early enough to provide adequate time to correct any violations prior to your opening inspection. A passing bacteriological water sample must be received prior to licensing.
10. Schedule the opening inspection with the Pool Environmentalist (574-971-4600) at least **forty-eight (48) hours prior** to the anticipated opening of your establishment to avoid scheduling conflicts. At this time you will need to provide copies of all inspections and approvals from all necessary building, zoning, and fire department permits.
11. If the Pool Environmentalist determines that your facility is in 100% compliance during the opening inspection the Pool License will be issued to you at the conclusion of the inspection. If all items are not in compliance then another inspection will be required prior to opening.
1. ****GOOD LUCK!** Please contact us with any questions or concerns you may have! ** 3/2009GC

**ELKHART COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION
4230 ELKHART ROAD, GOSHEN, IN 46526
PHONE: 971-4600, FAX: 971-4599**

****APPLICATION FOR COMMERCIAL SWIMMING POOL PLAN REVIEW**
Please complete all sections**

Name of Establishment _____ new construction
remodel of existing

Establishment Address _____ City _____ State _____ Zip _____

Township _____ Establishment Phone () _____

Mailing Address _____ City _____ State _____ Zip _____

Name of Owner _____ Owner's Phone () _____

Owner's Address _____ City _____ State _____ Zip _____

Please provide the following information:

1. Projected start and completion dates for construction: _____ thru _____

2. Have you had prior experience in swimming pool operation? yes/no _____
If yes, where and for how long? _____

3. Have you or any members of your staff completed any certified pool operator or pool safety courses?
Yes/No _____ If yes, what type of training and how long ago? _____

4. What type of operation (check all that apply):
_____ Pool _____ Spa _____ Indoor _____ Outdoor _____ School _____ Municipal
_____ Apartment _____ Hotel _____ Private Club _____ Waterslide _____ Wading Pool _____ Therapy
_____ Other (Explain) _____

5. Names of person/s you have contacted for approval:

Building Department _____	Approved? Yes/no
Zoning Department _____	Approved? Yes/no
Fire Department _____	Approved? Yes/no
Others: _____	Approved? Yes/no

Fees: Plan review prior to start of construction: \$165.00
Plan review after construction has been started: \$495.00

***Please make all checks payable to Elkhart County Treasurer**

Fees for religious, charitable or educational organizations are one-half the fees identified above for each category and must be accompanied by a completed application and a copy of your proof of state income tax exemption.

***Please note that a plan review must be completed for all new construction and remodels of public or semi-public swimming pools prior to the opening of any type of public or semi-public swimming pool.

PLAN REVIEW CHECKLIST

This checklist is provided to you for YOUR use and benefit. When you are ready to submit your plans you can use this checklist to make sure you have included all necessary items on the plans you will be submitting to the Elkhart County Health Department. Once you have addressed an item on the checklist you can place a check on the line so you know you have included it. Now you are ready to begin the checklist.

**CHECK WHEN
COMPLETED:**

WATER SUPPLY:

1. If the facility will be on city water, you must contact the respective city engineering department for permit procedures. My contact person at the city is: _____

2. If the facility will be on well water, then a well log from a state certified well driller and a satisfactory bacterial water sample report from a certified laboratory must be received by this office **prior to opening**. Establishments on well water are required to register with the Indiana Department of Environmental Management at (800) 451-6027 or (317) 232-8603 for water sampling requirements. _____

SEWAGE DISPOSAL:

1. If the facility will be on city sewer, you must contact the respective city engineering department for permit procedures. My contact person at the city is: _____

2. If the facility will be utilizing an onsite sewage disposal system, it must meet all requirements of Indiana Department of Health Rule 410 IAC 6-10 and the Elkhart County Ordinance No. 91-799. The commercial onsite sewage disposal system must receive final approval **prior to opening**. Contact this office weekdays between 8:00-10:00 a.m. at (574)971-4600 for details on beginning the permitting process for new septic system construction. If an existing septic system is to be utilized, it must be inspected to assure compliance with the above mentioned rules and to make sure it is of sufficient capacity for the intended use. This can sometimes be a lengthy process, so we recommended you **begin as soon as possible**. _____

Please indicate the following items on the plans:

EQUIPMENT:

CHECK WHEN COMPLETED:

- 1. Provide specifications sheets/model numbers for all equipment including:
 - A. Pumps _____
 - B. Filters _____
 - C. Sanitizer Systems _____
 - D. Skimmers _____
 - E. Proper Water Quality Chemical Pool Test Kits _____
 - F. Miscellaneous Equipment _____
- 2. Please note that **all** equipment must meet NSF (National Sanitation Foundation) construction standards for commercial use, and the location shall be clearly indicated on the plans. _____

FINISH SCHEDULE FOR INTERIOR ROOM SURFACES:

Indicate on the plans the type of materials that will be used for the walls, floors, and ceiling surfaces in all rooms. All surfaces must be light in color, smooth, durable, non-absorbent, and easily cleanable. Grouting between any floor tiles must provide a smooth, continuous surface and may not be tooled to create gaps or crevices which will make cleaning difficult. Also, concave base coving must create a smooth juncture between the floor and walls and must be provided throughout the establishment to facilitate cleaning. Bullnose base coving is NOT acceptable. _____

LIGHTING/ELECTRIC:

- 1. Provide adequate protected lighting for all areas of the facility. _____
- 2. Provide electrical layout of the facility. _____

PLUMBING:

- 1. All sinks and wash down must be provided with hot and cold running water. Provide all plumbing layouts. _____
- 2. Show detail of backwash drainage and fill lines. An air gap of one inch is required for each. A floor sink is suggested to receive backwash water. _____
- 3. Provide plumbing layout of the facility. _____

CHECK WHEN

ENCLOSURES:

COMPLETED:

- 1. All pools shall have an enclosure that is at least six feet in height. _____
- 2. All exits and entries to the enclosure shall be self-closing, self-latching with the ability to be locked. _____

SANITARY FACILITIES:

The following shall be provided within 300 feet of the pool/spa area.

- 1. A warm water shower (90 degrees F minimum) provided with soap. _____
- 2. A drinking fountain. _____
- 3. Restrooms, and Unisex and Women’s restrooms must have a covered waste receptacle. _____

MISCELLANEOUS:

- 1. Refer to attached lists to provide proper signage and safety equipment. _____
- 2. A qualified lifeguard is required for all public pools. A qualified lifeguard is required for all semi-public pools with a surface area of two thousand (2,000) square feet or more. _____
- 3. Lifeguards shall possess a current nationally recognized certification in lifeguard training, adult/infant/child CPR, and first aid. _____

YOU ARE NOW FINISHED WITH THE CHECKLIST!!!! Please be aware that this checklist gives the Pool Environmentalist and the future pool/spa operator **a place from which to start and will obviously not address every issue which will arise.** There will undoubtedly be plenty more questions on both sides and communication is critical for all involved. Please let the Pool Environmentalist know if you want a copy of the Elkhart County Pool Ordinance 06-167, the Indiana State Department of Health Swimming Pool Rule 410-IAC 6-2.1, or the Indiana State Swimming Pool Construction Code 675 IAC 20-2, they may help answer some questions you may have. These may be found at our web site, www.elkhartcountyhealth.org. Copies of 410-IAC 7-24, and Elkhart County 06-167 are required to be available at the facility during all hours of operation.

Approval of your plans and specifications by this Health Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the facility with equipment (as previously discussed) will be necessary to determine if it complies with the local and state laws.