



CLAY COUNTY
PUBLIC HEALTH CENTER



**Recreational Waters
Application for
Pool Plan Review**

800 Haines Drive
Liberty, MO 64068
Revised: 3/12/24
Form# 1.031.320.RW.1F-1

Phone: 816-595-4350 Fax: 816-595-4394

Application **MUST** be submitted with plans and appropriate fee prior to plan review. For the **Fee Schedule**, see CCPHC's website at www.clayhealth.com under Environmental Health. **Credit Card Payments Call (816) 595-4350, Make check or Money Order payable to: Clay County Public Health Center.**

Reason for Recreational Waters Plan Review

New Construction Remodel, Permit #: _____

Facility Information

Date: _____

Facility Name: _____

Phone #(s): _____ Email Address: _____

Facility Address or Location: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Plans Submitted By: _____

(Name of Contractor, Owner, Architect, etc.)

Water/Septic Service

Water Supply:

- Private
- Public, City of: _____
- Public, Water District #: _____

Sewage Disposal:

- Private
- Public

Name of Applicant (Print): _____ Title: _____

Applicant's Signature: _____ Date: _____

e-mail env@clayhealth.com For fee schedule go to [Pools | Clay County PHC, MO \(clayhealth.com\)](http://Pools | Clay County PHC, MO (clayhealth.com))

Note: If paying by credit card call (816) 595-4350 to complete the payment.

Make check or Money Order payable to: Clay County Public Health Center.

Receipt of Payment

Office Use Only

Plan Review Fee/Total Received: _____ Received By: _____ Date: _____

Cash Credit Card Check/MO #: _____ Name: _____

RECREATIONAL WATER PLAN REVIEW

(check all that apply per plans submitted)

Facility Type: Swimming Pool Spa Wading Pool Other _____

Please answer the following questions and submit with Recreational Waters Application for Pool Plan Review and Recreational Waters Permit Application. <https://www.clayhealth.com/155/Pool>

I. Pool (p. 10-14 Pool Regulations)	YES	NO
A. Is there a device for fastening the lifeline across the pool (pools deeper than 5ft)? Contrasting line of color between shallow and deep ends?	<input type="checkbox"/>	<input type="checkbox"/>
B. Are the depth markers indicated?	<input type="checkbox"/>	<input type="checkbox"/>
C. Are there at least two means of egress, one at each end?	<input type="checkbox"/>	<input type="checkbox"/>
D. Ladders/Handrails? Per Regulations.	<input type="checkbox"/>	<input type="checkbox"/>
E. Are the inlets identified?	<input type="checkbox"/>	<input type="checkbox"/>
F. Are the skimmers identified?	<input type="checkbox"/>	<input type="checkbox"/>
G. Is the main drain anti-entrapment? <i>Provided CCPHC VGB Form?</i>	<input type="checkbox"/>	<input type="checkbox"/>
H. Are the underwater lights on a GFCI? Per Regulations	<input type="checkbox"/>	<input type="checkbox"/>
I. Are ventilation systems adequate? Per Regulations (indoor pools)	<input type="checkbox"/>	<input type="checkbox"/>

II. Recirculation Equipment (p. 16-20 Pool Regulations)	YES	NO
A. Does the pump provide a proper turnover rate? (6 hours or less for pools, 2 hours or less for wading pools, 30 minutes or less for spas)	<input type="checkbox"/>	<input type="checkbox"/>
B. Is there a flow meter?	<input type="checkbox"/>	<input type="checkbox"/>
C. Is there a chemical feeder for sanitizer? Type: Liquid, Granular, Other; provide specs	<input type="checkbox"/>	<input type="checkbox"/>
D. Is there a secondary disinfection system? Per Regulations.	<input type="checkbox"/>	<input type="checkbox"/>
E. Is there a heater (required for pools operating year-round)?	<input type="checkbox"/>	<input type="checkbox"/>

III. Decks/walkways (p. 20-23 Pool Regulations)	YES	NO
A. Is there a walkway surrounding the pool, at least 4 feet wide for pools?	<input type="checkbox"/>	<input type="checkbox"/>
B. Is there at least 6 feet between multi pools/spas built adjacent to each other?	<input type="checkbox"/>	<input type="checkbox"/>
C. Is lighting adequate? Per Regulations (if operational after dusk)	<input type="checkbox"/>	<input type="checkbox"/>

IV. Emergency Equipment (p. 23-25 Pool Regulations)	YES	NO
A. Is an emergency phone located inside the perimeter of the pool? Is it hard wired?	<input type="checkbox"/>	<input type="checkbox"/>
B. Is life safety equipment available? (Sheppard's crook, ring buoy, first aid, signage)	<input type="checkbox"/>	<input type="checkbox"/>

V. Enclosures (p. 25-26 Pool Regulations)	YES	NO
A. Is the wall/fence at least 6 feet high?	<input type="checkbox"/>	<input type="checkbox"/>
B. Are the vertical openings in the fence 4 inches or less?	<input type="checkbox"/>	<input type="checkbox"/>
C. Are the bottom openings in the fence 2 inches or less?	<input type="checkbox"/>	<input type="checkbox"/>
D. Are the gates self-closing and self-latching?	<input type="checkbox"/>	<input type="checkbox"/>
E. With the latch height at 4.5 ft.?	<input type="checkbox"/>	<input type="checkbox"/>
F. Is the spectator/food area separated from the pool by a barrier?	<input type="checkbox"/>	<input type="checkbox"/>

VI. Equipment Room (p. 26-27 Pool Regulations)	YES	NO
A. Is the equipment enclosed and protected from the elements?	<input type="checkbox"/>	<input type="checkbox"/>
B. Is the lighting adequate?	<input type="checkbox"/>	<input type="checkbox"/>
C. Is chemical storage ventilation adequate/signage posted?	<input type="checkbox"/>	<input type="checkbox"/>

VII. Bathhouse/clubhouse (except if in a hotel/motel) (p. 28-31 Pool Regulations)	YES	NO
A. Is the lighting adequate?	<input type="checkbox"/>	<input type="checkbox"/>
B. Are toilets/ lavatories available?	<input type="checkbox"/>	<input type="checkbox"/>
C. Are cleansing showers available?	<input type="checkbox"/>	<input type="checkbox"/>
D. Diaper changing station(s) provided?	<input type="checkbox"/>	<input type="checkbox"/>
E. Are rinse showers at entrance available?	<input type="checkbox"/>	<input type="checkbox"/>
F. No residents over 300 feet from pool?	<input type="checkbox"/>	<input type="checkbox"/>

This Recreational Water Plan Review Form is provided as a tool to assist in determining if a new or remodeled aquatic facility meets the requirements of the *Clay County, MO Rules and Regulations Relating to Swimming Pools, Spas, and Similar Facilities*. Aquatic Facilities must comply with all the requirements of the *Clay County, MO Rules and Regulations Relating to Swimming Pools, Spas, and Similar Facilities*. Approval to operate will not be granted, and an operating permit will not be issued if violations are observed during a pre-opening inspection. In the event there is a conflict or a discrepancy between the Recreational Water Plan Review Form. The Aquatic Facility must comply with the applicable provisions of the *Clay County, MO Rules and Regulations Relating to Swimming Pools, Spas, and Similar Facilities*.

Plans Submitted By Print/Sign _____

Comments (CCPHC OFFICE USE ONLY)

Not Approved (see comments)

Approved

Signature of CCPHC Reviewer _____ **Date** _____