

Aquatic Venue New Construction Submission Instructions

Southern Nevada Health District 2018 Aquatic Facility Regulations, section 2-101, states that no person shall construct an aquatic venue without submitting plans and applications to the health authority for review and approval. **Submission and approval must occur prior to the start of such work.**

The new construction submittal packet must include the following (**will be reviewed for completion during submission intake**):

- Signed Submission Instructions & New Construction Submittal Package checklist
- Aquatic Venue Health Permit Application
- Aquatic Facility Certification of Contracted Services
- Hydraulic Calculations
- All required plans and equipment information

Instructions for Submission:

- Use the New Construction Submittal Package Checklist as a guide for document preparation
- Once initial submission has been made, an intake date will be scheduled. On the intake date, the assigned plan review inspector will process the documentation. All documentation must be submitted by the intake date
- Submission of incomplete documentation will be rejected and will require an additional intake to be scheduled. Incomplete submittals will result in project delays and additional fees may apply
- All materials, details, equipment information, specifications, and any other required information not provided on the construction application must be included on the plans or additional information sheets
- Applications, specifications, and additional documentation must be submitted electronically. SNHD may require hard copies of specific documentation, if necessary
- Projects will maintain an “active” plan review status for up to one year after the last activity. After one year with no activity, the project will be deleted, and resubmittal of plans, applications, and application fees will be required
- Per SNHD Aquatic Facility Regulations Section 2-101.6, the following statements are required to be included on all construction plans:
 - “The proposed aquatic facility and all equipment shall be constructed and installed in conformity with the approved plans and specifications or approved amendments,” and
 - “No substantial alteration, changes, additions, or equipment not specified in the approved plans or allowed in these Regulations can be made or added until the plans for such substantial alteration, changes, additions, or equipment are submitted to and approved by the Health Authority.”

*Note: Incorrect or incomplete applications or plans may require revisions and resubmittal and will result in a delay of the project. Ensure that all applications and plans are correct **prior** to initial submittal.

Fees:

- All fees must be paid at the time of submission. The plan review will not begin until all appropriate fees have been paid. Changes in design, corrections to plans, missed appointments, etc., will result in additional fees.
- A re-inspection fee will be applied for all failed inspections
- Fees may be assessed when additional services are required, including but not limited to partial plumbing inspections
- Inspection cancellations must be made at least two hours prior to the scheduled inspection to avoid additional fees



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Review and Approval of Plans:

The Health Authority shall provide a written response to the owner or owner’s representative upon completion of the review indicating approval or disapproval of the plans. In the case of disapproval, specific reasons will be given with procedures for resubmittal.

Undisclosed design or operational characteristics on the plans and/or applications do not constitute approval of such mistakes or omissions. Proper development of the project is the responsibility of the contractor, design professional, and the various parties involved in the project.

*Note: Approval of plans by SNHD does not constitute approval of, nor provide relief from, any requirements of local, state, or federal jurisdictions. It is the responsibility of the permit holder to ensure that the requirements of all applicable regulations, ordinances, codes, or laws are met. SNHD approval is required prior to the start of construction.

Construction Inspections:

All inspections are scheduled on a “first come, first served basis”, and are according to assigned inspector availability. Construction inspections are required at predetermined stages prior to the final permitting inspection:

- Excavation & Plumbing – **must be conducted prior to installation of rebar**
- Pre-Plaster – must be performed prior to plaster and the following items must be complete:
 - Barriers & Enclosures
 - Decks
 - Hygiene facilities
 - Recirculation equipment

The owner or owner’s representative must contact the assigned inspector at least 3 business days in advance of the desired inspection date to schedule the inspections. Inspection cancellations must be made at least 2 hours prior to the scheduled inspection to avoid additional fees.

Some construction may require additional plumbing inspections, such as partial-plumbing inspections, depending on the size or complexity of the plumbing design. Fees assessed for individual inspections may apply.

Final Permitting Inspection:

The final permitting inspection can be conducted after all construction has ended and the facility is ready to operate. The owner or owner’s representative must contact the assigned inspector to schedule the inspection at least 3 business days in advance of the desired inspection date. Inspections will be scheduled according to inspector availability.

A re-inspection fee will be applied for all failed inspections, and the facility will not be issued an operating permit until the permitting inspection has been passed. Inspection cancellations must be made at least 2 hours prior to the scheduled inspection to avoid additional fees.

I, the undersigned, as a representative of the permit holder/applicant, understand and agree to be held to the conditions/responsibilities as provided in this document:

Name, Print: _____ Signature: _____

Title: _____ Company: _____

Date: _____ Name of Facility: _____

Aquatic Venue Minimum Construction Requirements Handout

Per SNHD Aquatic Facility Regulations Section 2-102, all submittals for aquatic venues shall include, at minimum, the following information. If information is incomplete or not provided, a resubmission will be required, and the plan review process will be delayed.

Detailed scaled and dimensional drawings of the AQUATIC VENUE including:

- Area plan and layout plan showing location of AQUATIC VENUE within the AQUATIC FACILITY along with dimensioned longitudinal and transverse cross sections of the AQUATIC VENUE
- Surface materials
- Location and type of:
 - INLETS;
 - Overflows;
 - Gravity drains;
 - Suction outlets;
 - Overflow gutters or devices;
 - Piping;
 - Designed AQUATIC VENUE water elevation;
 - AQUATIC FEATURES such as ladders, stairs, diving boards, SLIDES, and play features; 15
 - Area Lighting/Photometric;
 - AQUATIC VENUE markings;

Detailed scaled and dimensional drawings of the AQUATIC FACILITY, including location and type of:

- Site Plan showing location of the AQUATIC FACILITY
- Design of DECK (including drains), curb, or walls enclosing the AQUATIC VENUE;
- Paved walkways and other hardscape features;
- AQUATIC FACILITY area finishes including all flooring and DECK materials;
- Drinking fountains or other sources of drinking water;
- Entries and exits;
- Hose bibs;
- ENCLOSURES;
- Telephones;
- A schematic layout of the AQUATIC VENUE EQUIPMENT ROOM or area showing accessibility for installation and maintenance.
- A schematic layout of the AQUATIC FACILITY CHEMICAL STORAGE SPACE(s).
- Location and number of all available HYGIENE FACILITIES provided including dressing rooms, lockers and basket storage, SHOWERS, lavatories, and toilet fixtures.
- Area lighting/photometric

A complete equipment list including technical specifications and a flow diagram showing the location, plan, elevation, and schematics of:

- Filters;
- Pumps;
- Chemical feeders and interlocks;
- Chemical controllers and interlocks;
- SECONDARY DISINFECTION SYSTEMS, if required;
- SUPPLEMENTARY DISINFECTION SYSTEMS, if installed;
- Ventilation devices or AIR HANDLING SYSTEMS;
- Heaters;
- Surge tanks, including operating levels;
- BACKFLOW prevention assemblies and air gaps;
- Valves;
- Piping;
- Flow meters;
- Gauges;
- Thermometers;
- Test cocks;
- Sight glasses; and
- Drainage system for the disposal of AQUATIC VENUE water and filter wastewater

Technical specifications for the construction of each AQUATIC VENUE and all appurtenances shall accompany the drawings for the AQUATIC FACILITY plans and shall include:

- All water sources
- Water surface area and volume of each AQUATIC VENUE and associated water features, as applicable.
- Detailed information on the type, size, operating characteristics, and rating of all mechanical and electrical equipment;



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- Hydraulic computations for head loss in all piping and recirculation equipment; and
- Pump curves that demonstrate that the selected recirculation pump(s) are adequate for the calculated required flows.
- The THEORETICAL PEAK OCCUPANCY
 - The THEORETICAL PEAK OCCUPANCY shall be calculated by dividing the surface area in square feet of the AQUATIC VENUE by the density factor (D) for the specific AQUATIC VENUE being considered. The THEORETICAL PEAK OCCUPANCY for an AQUATIC FACILITY shall be determined by adding the calculations for each AQUATIC VENUE in the AQUATIC FACILITY.

THEORETICAL PEAK OCCUPANCY = AQUATIC VENUE surface area / D

The density factors (D) are: Water/BATHER-related:
1) SHALLOW WATER FLAT WATER density factor = 10 ft ² per BATHER.
2) DEEP WATER FLAT WATER density factor = 20 ft ² per BATHER.
3) AGITATED WATER density factor = 15 ft ² per BATHER.
4) HOT WATER density factor = 10 ft ² per BATHER.
5) WATERSLIDE LANDING POOL density factor = manufacturer-established capacity at any given time.
6) INTERACTIVE WATER PLAY water density factor = 10 ft ² per BATHER on surface.

The technical specifications for each AQUATIC VENUE shall include the recirculation rate, TURNOVER time, filter media, each piece of equipment, safety equipment, and any other additional information related to the project requested by the HEALTH AUTHORITY for the purposes of the construction of the AQUATIC FACILITY, each AQUATIC VENUE and all appurtenances.

Lifeguard Staffing Plan, when required, including diagrammed zones of bather surveillance and identification of zones, description of methods used for maintaining coverage during lifeguard rotation, staffing rotation schedule which provides alternation of tasks, and lifeguard supervision protocols.



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Aquatic Venue Health Permit Application

To be completed by facility ownership; complete one per aquatic venue

Facility Information			
Facility Name:			
Facility Site Address:	City:	State:	Zip:
Assessor Parcel Number (APN):			
Contact Person:			
Address:	City:	State:	Zip:
Telephone:	Email:		
Aquatic Venue Type:	Surface Area:		
Facility Type:	Associated with living/lodging units: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Users: <input type="checkbox"/> Hotel/Motel Guests <input type="checkbox"/> Community Residents <input type="checkbox"/> General Public/Paid Admission <input type="checkbox"/> Program/Class Participants			
<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		<input type="checkbox"/> Seasonal <input type="checkbox"/> Year-Round	
Hours: <input type="checkbox"/> M:	<input type="checkbox"/> T:	<input type="checkbox"/> W:	<input type="checkbox"/> Th: <input type="checkbox"/> F: <input type="checkbox"/> Sa: <input type="checkbox"/> Su:

Property Ownership Information			
Required documentation: Deed, Lease Agreement, etc.			
Owner of Property: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			
Owner Name:			
Owner Address:	City:	State:	Zip:
Owner Contact Person:			
Address:	City:	State:	Zip:
Telephone:	Email:		
Financial Contact Person:			
Address:	City:	State:	Zip:
Telephone:	Email:		

Owner Name, Print: _____ Date: _____

Owner Signature: _____



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Aquatic Facility Certification of Contracted Services

To be completed by facility ownership; complete one per aquatic facility

Facility Information			
Facility Name:			
Facility Site Address:	City:	State:	Zip:
Assessor Parcel Number (APN):			
Contact Person:			
Address:	City:	State:	Zip:
Telephone:	Email:		

Design Professional Information			
Architect/Engineer Name:		Company:	
Contact Person:			
Address:	City:	State:	Zip:
Telephone:	Email:		
License: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer	License #:	Expiration:	
Architect/Engineer Name:		Company:	
Contact Person:			
Address:	City:	State:	Zip:
Telephone:	Email:		
License: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer	License #:	Expiration:	

Contractor Information			
Pool Contractor Name:		Company:	
Contact Person:			
Telephone:	Email:		
Classification:	License #:	Expiration:	
General Contractor Name:		Company:	
Contact Person:			
Address:	City:	State:	Zip:
Telephone:	Email:		
Classification:	License #:	Expiration:	



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By signing below, I hereby certify that I have contracted the services of the above listed person/company to assist in the preparation and submission of plans, applications, and calculations to the Southern Nevada Health District complete the work required by this application, and to complete the work as required by applicable law. I understand the following:

- SNHD approval of plans is required prior to the start of any construction
- Per SNHD Aquatic Facility Regulation 2-103.1, “SNHD approval is independent of all other approvals required by other regulatory entities. The applicant must separately obtain all other required approvals and permits.”
- Undisclosed design or operational characteristics on plans or applications do not constitute approval of such mistakes or omissions. Proper development and regulatory compliance of the project is responsibility of the contractor, design professional, and permit holder
- Aquatic venues are not permitted to operate until all required construction inspections, including the final permitting inspection, have been conducted and approved

Owner Name, Print: _____ Date: _____

Owner Signature: _____