



Health & Human Services  
**ENVIRONMENTAL HEALTH**

Fort Bend County, Texas  
 4520 READING ROAD ♦ SUITE A-800 ♦ ROSENBERG, TX 77471  
 OFFICE: 281-342-7469 FAX: 281-342-5572



## Swimming Pool Plan Application INCLUDING WADING, THERAPY, SPA, AND LAGOONS

**New Pool**

**Existing Pool**

### Pool Project Information

Pool Project Name \_\_\_\_\_

Project Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Types of Pools:** (Indicate number of each) \_\_\_ Swimming Pool \_\_\_ Wading \_\_\_ Therapy \_\_\_ Hot Tub \_\_\_ Spa  
 \_\_\_ Interactive Water Feature/Splash Pad \_\_\_ Lagoon

**Water Supply:**  Public  Private **Sewage Disposal:**  Septic If Septic, what is OSSF Number? \_\_\_\_\_

**Pool Class:**  A  B  C  D

**If New,** Engineering Project Number? \_\_\_\_\_

**If Existing,** when was each pool type built? \_\_\_\_\_

What type of facility will the pool be located in/at? \_\_\_\_\_

### Pool Owner Information

Project Owner Name \_\_\_\_\_ Driver's License # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

### Project Designer/ Submitter Information (New Pool Only)

Return approved plans to this address

Pool Designer/ Submitter Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

### Pool Builder/Submitter Information (New Pool Only)

Return approved plans to this address

Pool Builder/Submitter Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

License Number \_\_\_\_\_

Total Square Footage of Facility? \_\_\_\_\_



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**Pool Operator Information**

Pool Operator Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Contact Phone \_\_\_\_\_ Email \_\_\_\_\_  
Certified Pool Operator Number \_\_\_\_\_

**Drain Cover Expiration Dates**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT:** *I certify that the information provided within this application is accurate. I understand that multiple inspections of the facility may be required and that if the facility is not in compliance with Texas Administrative Code (TAC) Title 25 and Fort Bend County Regulations, an operational permit will not be issued. Approval of these plans and specification does not indicate compliance with any other code, law, or regulation that may be required (i.e., federal, state, or local).*

**Signature:** \_\_\_\_\_  
(Pool Project Owner)

**Date:** \_\_\_\_\_

**ALL APPLICABLE FEES MUST BE INCLUDED WITH APPLICATION  
ONE PERMIT FOR EACH SEPARATE SYSTEM**

FOR OFFICE USE ONLY	
<b>Permit Number(s):</b> _____	<b>Fee Paid:</b> _____
<b>Date:</b> _____	<b>Date:</b> _____



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### Pool Plan Submission Requirements

To build, alter or remodel a public pool or spa, or any other structure or equipment, the operator must submit plans and specifications to Environmental Health for review. Environmental Health must approve the plans before any construction begins.

Once plans have been approved any changes must also be submitted to Environmental Health for review and approval before construction. For approval to construct, a Certified Pool Operator is required to have with application before permitting.

#### As per Fort Bend County Regulations for Swimming Pools, Spas, Artificial Swimming Lagoons, and Interactive Water Features

##### 2.3 Pool Facility Plan Specifications

- (a) The provisions of this Section shall apply to Pool Facilities constructed on or after the effective dates of these Regulations.
- (b) All persons desiring to install, construct or reconstruct a new Pool Facility or modify an existing Pool Facility shall submit plans and specifications for approval by the Department.
- (c) Written approval must be received before the Date of Construction, as define in Section 1.4.
- (d) Plans must be in format required by the Department.
- (e) The plans and specifications shall be to scale indicate the proposed layout, equipment arrangement, mechanical plans and construction materials.
- (f) The Department shall approve the plans only if the plans and specifications meet the requirements of State law and regulations and any additional requirements imposed by Fort Bend County
- (g) Review and approval of plans and specifications is contingent upon the review and approval of all other applicable Fort Bend County Regulations including the Fort Bend Regulations for Floodplain Management and the Fort Bend County Fire Code.
- (h) No Permit shall be issued until the Department determines by inspection that all construction has been performed in accordance with the approved plans and specification.

#### The following information must be included with your pool plan submittal

- Completed Plan Review Application**
- A Copy of Pool Operator's Certification**
- Site Plan** – A scaled drawing of the project showing facility and deck dimensions, fencing, access, property lines, elevations, security, showers and mechanical room locations.
- Copy of Driver's License**
- Pool Plan** – Pool volume, surface area (length, width), minimum and maximum depth and design flowrate; scaled drawings showing top and profile views, including dimensions and all equipment such as:
  - skimmers, gutters, inlets, drains, lights, tile, and color selection.
  - diving boards, slides, ladders, steps, handrails.
- Recirculation Plan** – Must show all pipe sizing, valves, flow meters, equipment connections and pool fill method.
- Deck and Mechanical Room Plan** – Must show drains, sumps, deck slopes, air gaps and backflow prevention devices.
- Equipment Specifications** – Make, model number, maximum capacity, and NSF-50 approval for all



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pumps, filters, disinfection feeders, safety equipment, signs, vacuums and water quality test kit.

☐ **Drain Cover Expiration** – A list of all drain covers, and their respective expiration dates must be provided.

**Note:** All plans are to be submitted with this application completed, including the following:

- Length x width = surface area
- Minimum and maximum depth
- Volume
- Existing equipment

**For alterations,** only the alteration information is required, along with the pool information, plan review application.

**Definitions:**

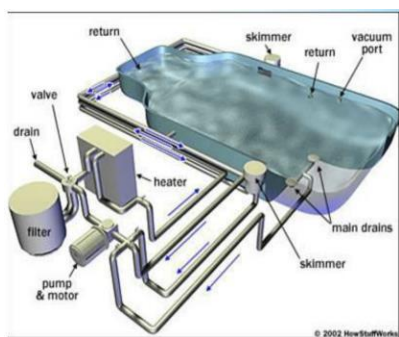
Class A pool--Any pool used, with or without a fee, for accredited competitive aquatic events. A Class A pool may also be used for recreation.

Class B pool--Any pool used for public recreation and open to the general public with or without a fee.

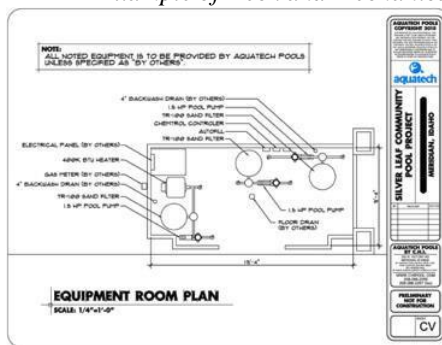
Class C pool--Any pool operated for and in conjunction with lodging such as hotels, motels, apartments, condominiums, or mobile home parks. Property owner associations, private organizations, or clubs; or a school, college or university while being operated for academic or continuing education classes. The use of such a pool would be open to occupants, members or students, etc., and their guests but not open to the general public.

Class D pool- A wading pool with a maximum water depth of 24 inches at any point.

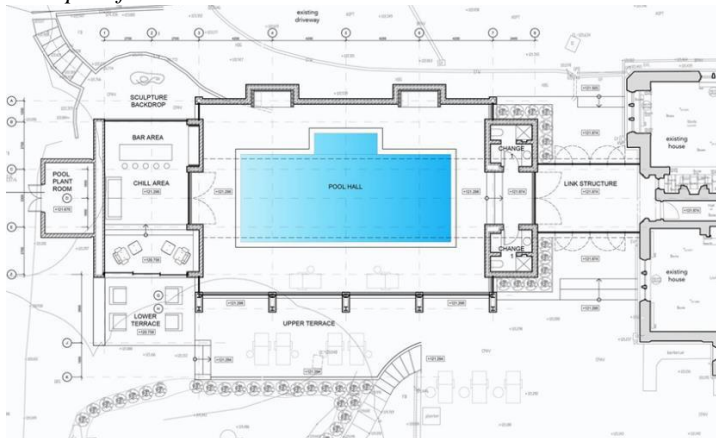
Example of Recirculation Plan:



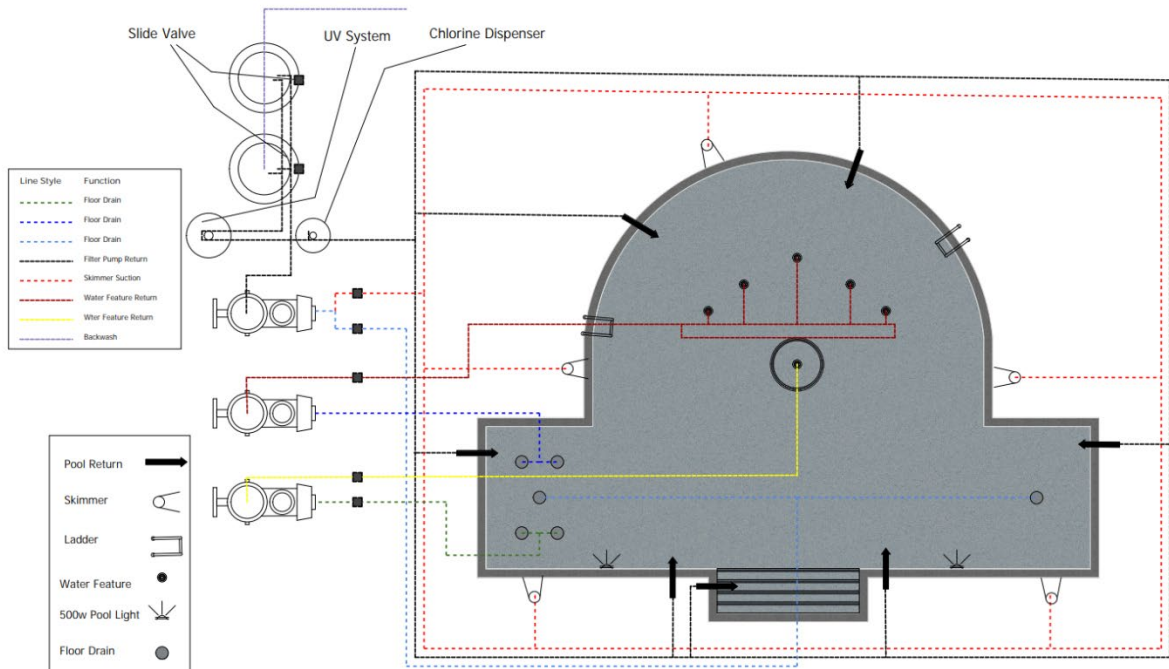
Example of Deck and Mechanical Room Plan:



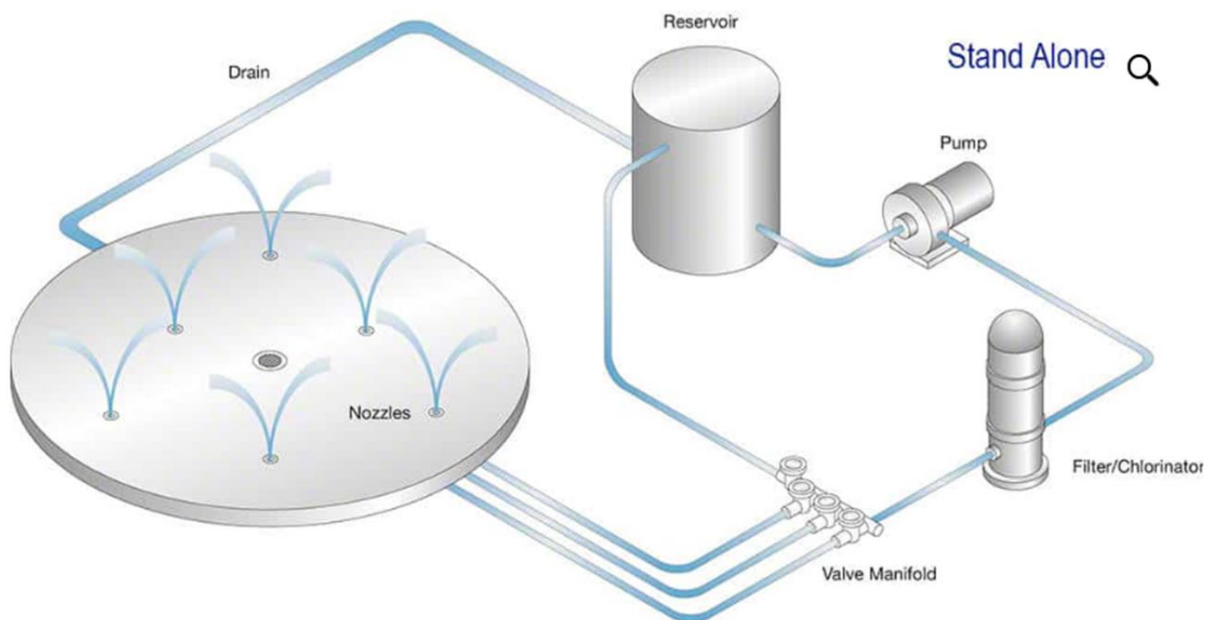
Example of Site Plan:



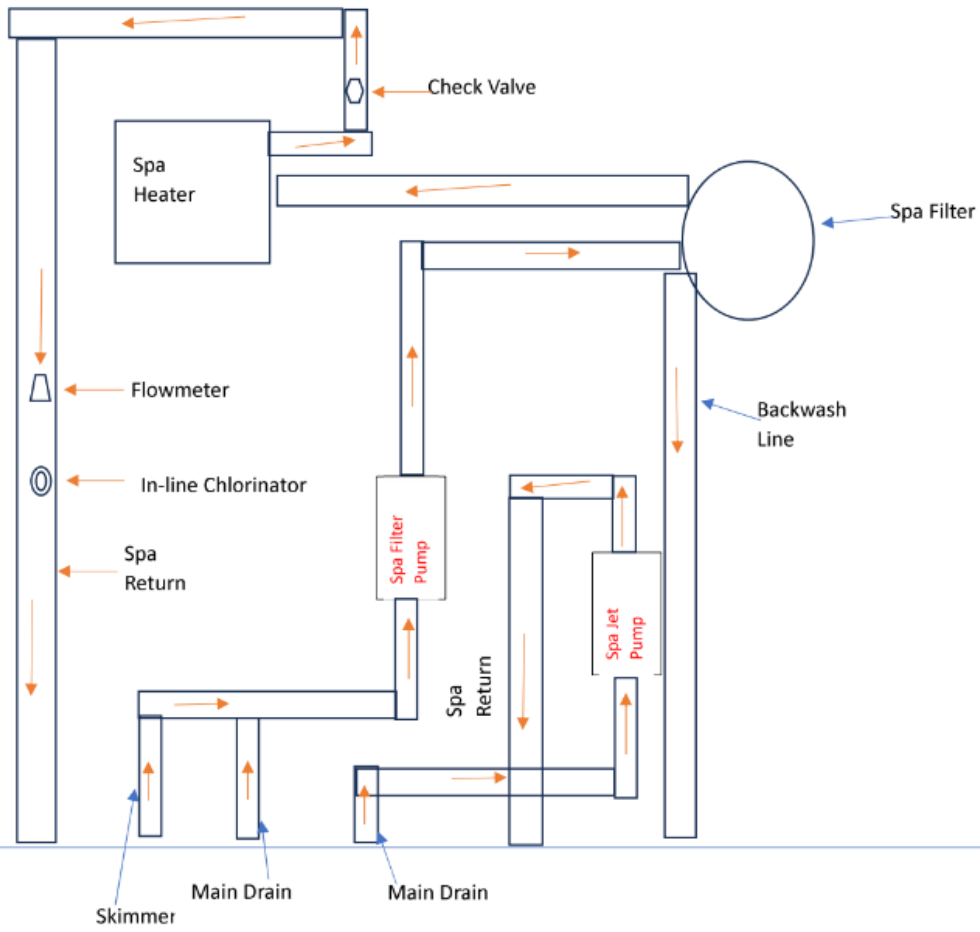
## Pool Recirculation



## Interactive Water Feature (Splashpad)



### Spa Recirculation Plan



# EXAMPLE APPLICATION



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## Swimming Pool Plan Application INCLUDING WADING, THERAPY, SPA, AND LAGOONS

New Pool  Existing Pool

### Pool Project Information

Pool Project Name Name of Facility

Project Street Address 1234 Ranch Rd.

City Missouri City State TX ZIP 77459

Types of Pools: (Indicate number of each)  Swimming Pool  Wading  Therapy  Hot Tub  Spa  
 Interactive Water Feature/Splash Pad  Lagoon

Water Supply:  Public  Private Sewage Disposal:  Septic If Septic, what is OSSF Number? \_\_\_\_\_

Pool Class:  A  B  C  D

If New, Engineering Project Number? \_\_\_\_\_

If Existing, when was each pool type built? 2005

What type of facility will the pool be located in/at? Apartment

### Pool Owner Information

Project Owner Name Bob Smith - Property Manager

Address 1235 Ranch Rd.

City Missouri City State TX ZIP 77459

Contact Phone 281-788-5555 Email bob@apartment.com

### Project Designer/ Submitter Information (New Pool Only)

Return approved plans to this address

Pool Designer/ Submitter Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State TX ZIP \_\_\_\_\_

Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

### Pool Builder/Submitter Information (New Pool Only)

Return approved plans to this address

Pool Builder/Submitter Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

License Number \_\_\_\_\_

Total Square Footage of Facility? \_\_\_\_\_





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**Pool Operator Information**

Pool Operator Name Bob Smith  
Address 1234 Ranch Rd  
City Missouri City State TX ZIP 77459  
Contact Phone 281-788-5555 Email Bob@abc.com  
Certified Pool Operator Number 12345678

**Drain Cover Expiration Dates**

Pool and Spa all 4 of 32CDLFR expire 06/2027

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**STATEMENT:** *I certify that the information provided within this application is accurate. I understand that multiple inspections of the facility may be required and that if the facility is not in compliance with Texas Administrative Code (TAC) Title 25 and Fort Bend County Regulations, an operational permit will not be issued. Approval of these plans and specification does not indicate compliance with any other code, law, or regulation that may be required (i.e., federal, state, or local).*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Pool Project Owner)

**ALL APPLICABLE FEES MUST BE INCLUDED WITH APPLICATION**  
**ONE PERMIT FOR EACH SEPARATE SYSTEM**

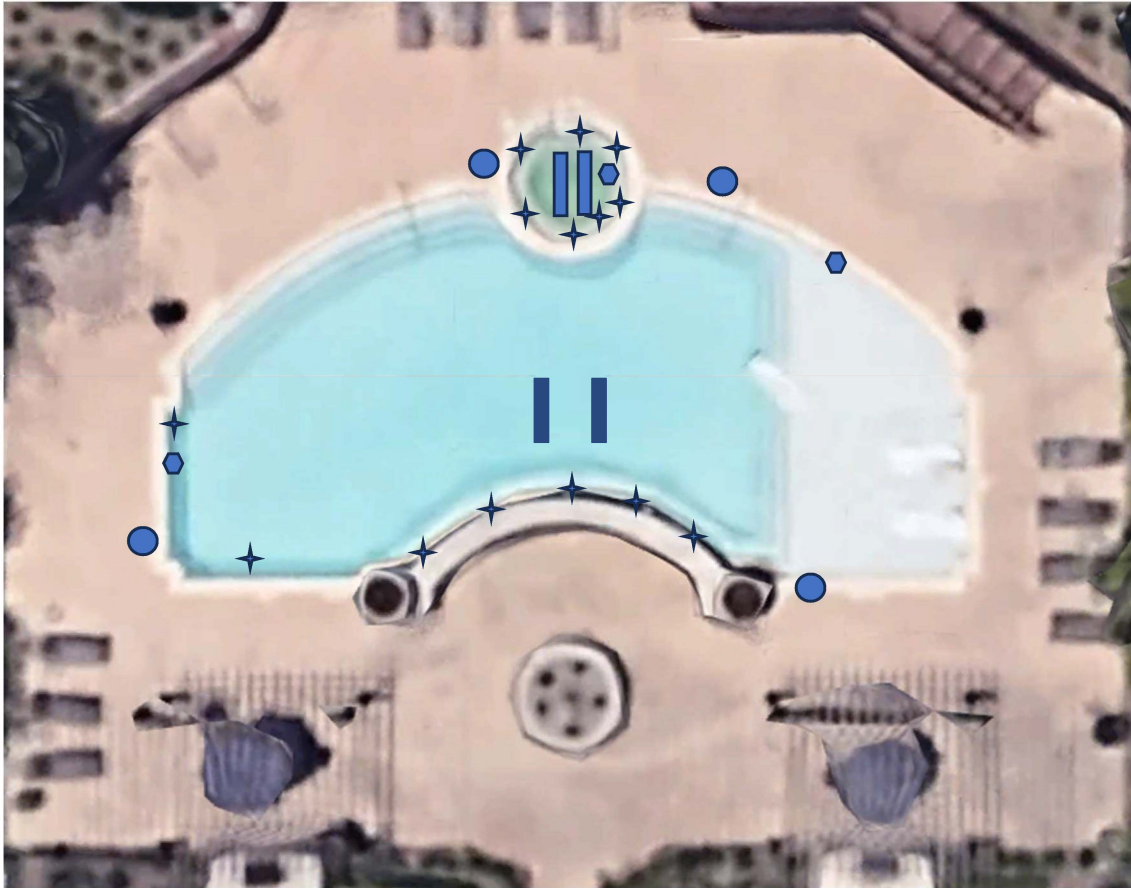
<b>FOR OFFICE USE ONLY</b>	
<b>Permit Number(s):</b> _____	<b>Fee Paid:</b> _____
<b>Date:</b> _____	<b>Date:</b> _____



Pool and Spa Plan Bob's Apartment

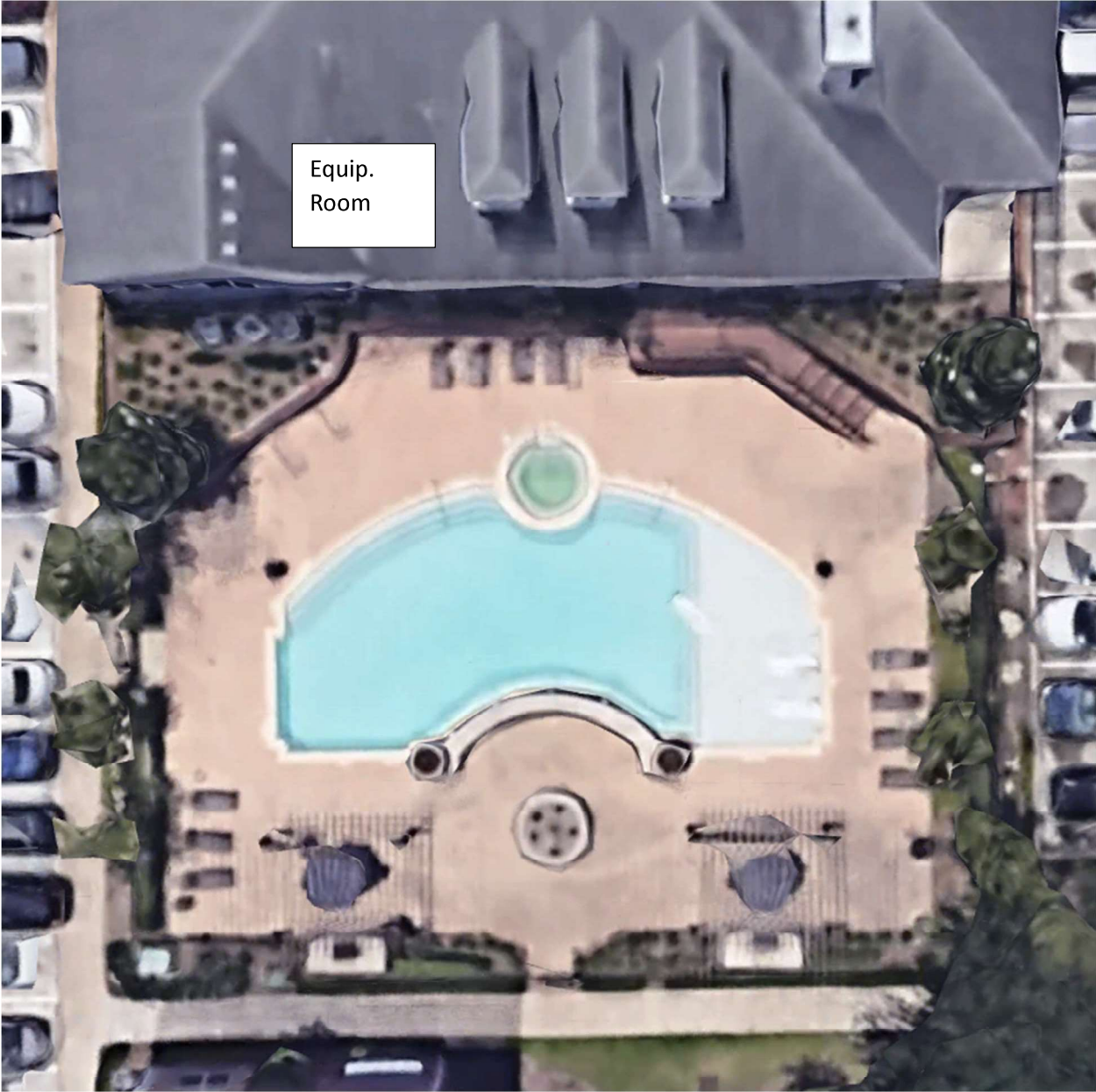
Pool Dimensions: 64'x26' Volume: 29,000 gallons 6IN to 4FT6IN – Returns: 7 - Skimmers: 3 Main Drains: 2

Spa Dimensions: 9' x 9' Volume: 1,700 gallons 3FT6IN – Returns 7 – Skimmers: 1 Main Drains: 2

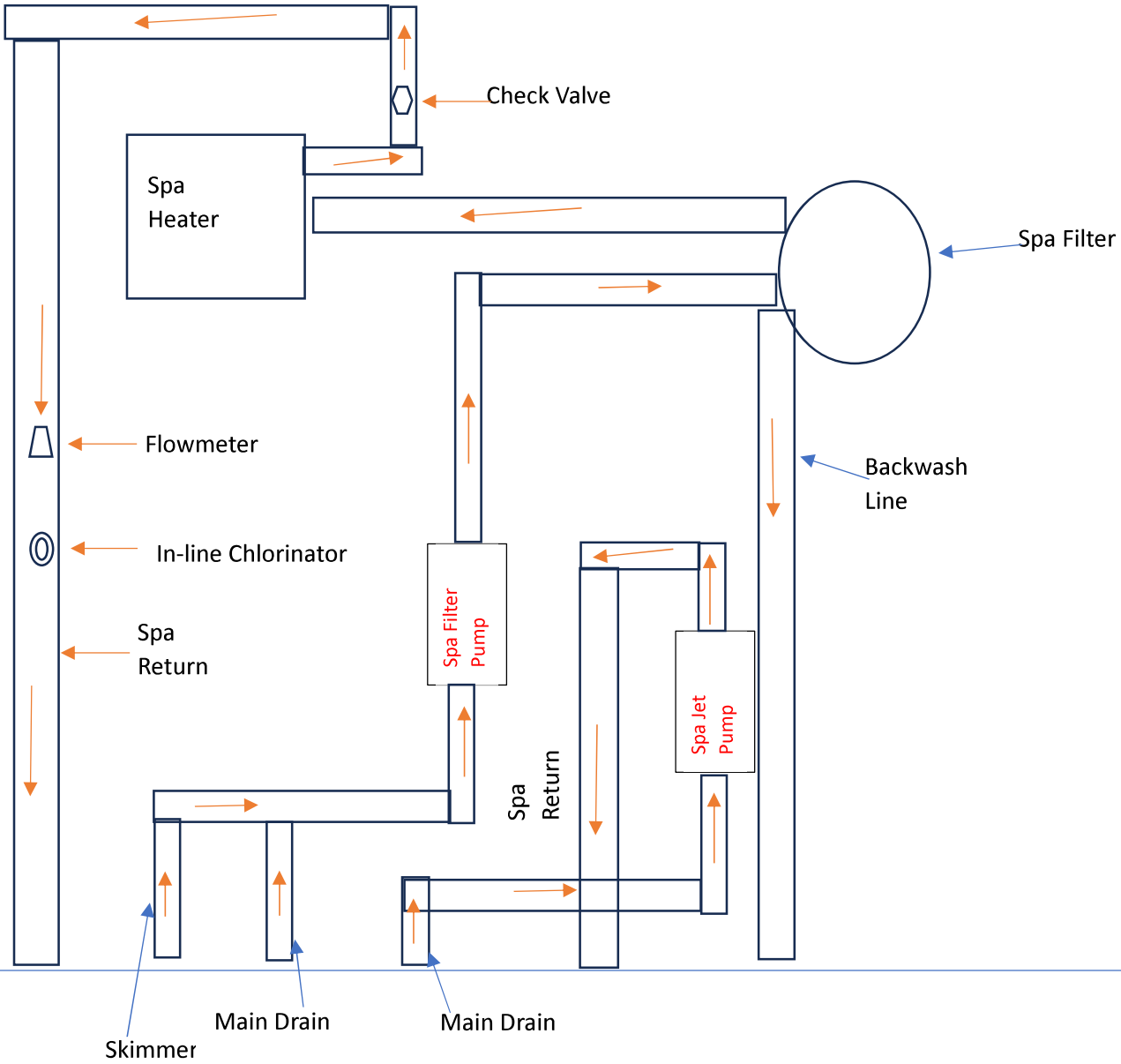


▬ = Main Drain    ● = Skimmer    ⬡ = 12V 23W Light    ★ = Returns

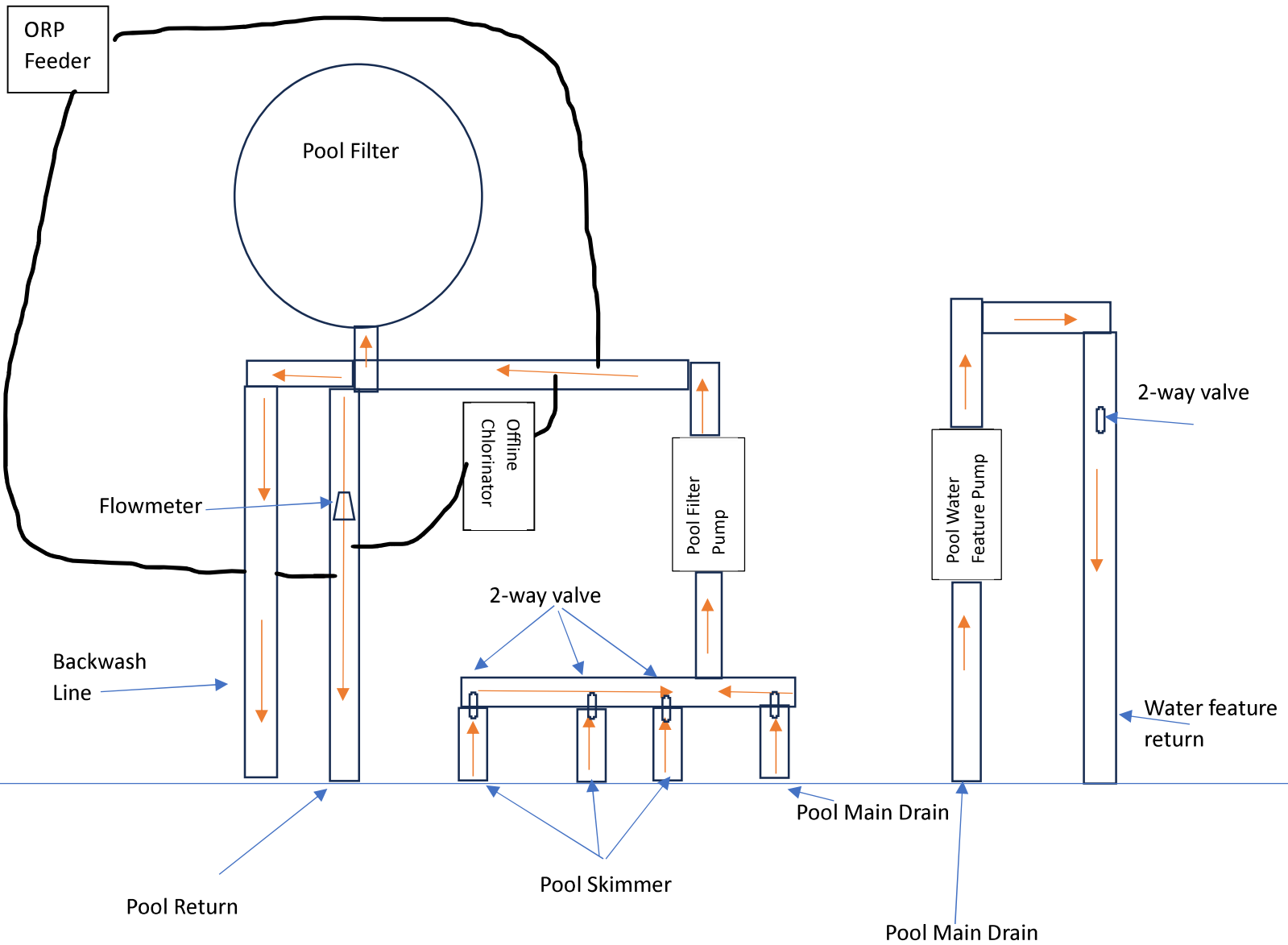
Site Plan and Deck Plan



# Spa Recirculation Plan



Pool Recirculation Plan



## Equipment Specification and Mechanical Room Plan

- Pool Equipment
  - 2.5 HP Whisperflo Single Speed Filter Pump
  - 3 HP Whisperflo Single Speed Water Feature Pump
  - TR-140C Filter with Push-Pull Valve
  - 2" Flowmeter
  - Poolsure ORP Chemical Feeder
  - 5 – 2-way valves
  - PVC is 2"-2.5"
- Spa Equipment
  - 3HP Intelliflo VSF Spa Filter Pump
  - 1.5 HP Whisperflo Single Speed Pump for spa jets
  - TR-100C Sand Filter with Push-Pull Valve
  - 2" Flowmeter
  - Raypak 207K BTU ASME Heater
  - 4 – 2-way valves
  - Check valve



Spa heater

Spa filter pump

Spa return

Spa Skimmer suction

Spa Main Drain suction



# Mechanical Room Plan for Pool

TR-100C Spa Filter

TR-140C Pool Filter



Pool Filter Pump

Water Feature Pump

Skimmer Suction

Main Drain Suction

Pool Return

Backwash Line

Spa Jet Pump



Certified to  
NSF/ANSI/CAN 59  
ANSI/APSP/ICC-15 2017

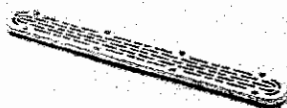
**AQUASTAR**  
pool products



# INSTALLATION, OPERATION, AND MAINTENANCE INSTRUCTIONS

## 32" CHANNEL DRAINS

SINGLE UNBLOCKABLE SUCTION OUTLET FITTING ASSEMBLIES



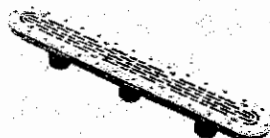
Cover Model #  
32CDFLFRxxx



Cover Model #  
32CDFLxxx



Cover Model #  
32CDFLFGxxx



Cover Model #  
32CDFLVxxx



Cover Model #  
32CDAVFRxxx



Cover Model #  
32CDAVxxx

U.S. patents 20140157510 and D663387

877.768.2717 FAX: 877.276.POOL (7665)

Outside the U.S.: +1.805.620.5060 FAX: +1.949.336.1940

[www.aquastarpoolproducts.com](http://www.aquastarpoolproducts.com) [info@aquastarpoolproducts.com](mailto:info@aquastarpoolproducts.com)





## VGBA DRAIN COVER IDENTIFICATION INFORMATION

**ATTENTION INSTALLER** - Please carefully cut along the dashed line and remove from instructions. Fill in the blank spaces below upon installing drain cover. Permanently post as near as feasible to the pump control and provide a copy of this information to the pool owner to be kept with other important pool-related documents.

**Manufacturers Name:**

AquaStar Pool Products Inc.

**Cover/Grate Part Number:**

Please check the box () of the cover being installed:

- 32CDFLxxx  32CDFLFRxxx  32CDFLVxxx  
 32CDFLFGxxx  32CDAVxxx  32CDAVFRxxx



**SOFA FLOW RATING**  
 For SOFA flow rating please scan the QR code or visit [www.aquastarpoolproducts.com/flowcode](http://www.aquastarpoolproducts.com/flowcode)

**Service Life of the Cover Grate:**

5 years from the date of installation

**Certified Suction Outlet Fitting Assembly (SOFA) Flow Ratings:**

Please use the QR Code or Link to find the SOFA Specific flow rate for your configuration.

SOFA Model #: 32CDFLFR  
 Orientation: Floor (wall or floor) SOFA Flow Rating: 150 GPM

**Location of the Installed Suction Outlet Fitting Assembly:**

Please describe the location of the suction outlet fitting assembly.

Location: \_\_\_\_\_

**Installation Date:**

Month						Year						
1	2	3	4	5	6	21	22	23	24	25	26	
7	8	9	10	11	12	27	28	29	30	31	32	

Please mark the month and year that the drain cover was installed below.

REFER TO INSTRUCTIONS OR VISIT OUR WEBSITE FOR ADDITIONAL INFORMATION - (877) 768-2717 - [www.aquastarpoolproducts.com](http://www.aquastarpoolproducts.com) - MADE IN THE USA - © 2022 AquaStar Pool Products, Inc. - REV120121



**A Safe Drain is No Accident™**  
 VGBA Compliance Every Pool, Every Time

**IMPORTANT SAFETY INFORMATION**  
**READ, FOLLOW, AND UNDERSTAND ALL INSTRUCTIONS AND WARNINGS**

This VGBA Suction outlet has an installation specific flow rating and this product **SHALL NOT** be installed on a pumping system that is capable of exceeding this limit, which varies based on the number and location of installed suction outlets. **READ** and **FOLLOW** the section of the included installation instructions explaining how to calculate the suction system flow ratings and that of the installed pumping system.

**This is an UNBLOCKABLE VGBA Suction Outlet that may be installed as the sole source of water for a single suction.** Please check local building/health authorities regarding single versus multiple drain installations.

**THIS LABEL IS TO BE REMOVED BY THE INSTALLER ONLY**



AquaStar Pool Products, Inc.  
 2340 Palma Drive  
 Ventura, CA 93003

REV: 120121



116619-023064

# Certified Pool / Spa Operator® Certification

for

**Erik K. Taylor**

as an Operator of Aquatic Facilities

Issued by the

**NATIONAL SWIMMING POOL FOUNDATION®**

on

**Certification Date: July 17, 2016**

**Certification Number: CPO-530362**

**Expires: July 17, 2021**

*NSPF® Instructor*

**Rudy H. Stankowitz**



*Keeping Pools Safer  
Keeping Pools Open.*

A handwritten signature in black ink, appearing to read 'Tom Lachocki'.

**Thomas M. Lachocki**  
Chief Executive Officer

For verification, telephone NSPF at 719-540-9119 or email [nspf@nspf.org](mailto:nspf@nspf.org)

Director: *Steven C McCreary*

DRIVER LICENSE



4d. DL: 10003422

9. Class: M

3. DOB: 08/12/1983

4b. Exp: 03/06/2023

4a. Iss: 03/06/2017



1. SAMPLE

2. JOAN

8. 12 COTTONWOOD RD  
EAST TEXAS CENTER, TX 12345-0000

12. Rest: FP

9a. End: HX

16. Hgt: 7'-01" 15. Sex: F 18. Eyes: MAR

5. DD: 0000000000000000000070

*Signature*

**COMMUNICATION IMPEDIMENT**

