



SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

SWIMMING POOL CONSTRUCTION AND RENOVATION APPLICATION

Office of Pollution Control -15 Horseblock Place - Farmingville, NY 11738

Facility Code				File Reference Number				SCDHS JOB NO.					
5	1							SP	-				

Principal Property Tax Code:						Type of Pool						
District:		Section		Block		Lot		<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Main Pool	<input type="checkbox"/> Spa Pool	<input type="checkbox"/> Wading Pool		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Activity Pool	<input type="checkbox"/> Spray Park	<input type="checkbox"/> Other _____		

Pool Facility Name				Contact Name			
Physical Address				City/Hamlet	Township	State	Zip
Phone Number		Fax Number		Email Address			

Pool Owner Contact Information					
Pool Owner Contact Name		Mailing Address		State	Zip
Phone Number		Fax Number		Email Address	

*Licensed Engineer Or Registered Architect Information					
Professional's Name		Mailing Address		State	Zip
Phone Number		Fax Number		Email Address	

Scope Of The Project		
New Swimming Pool Construction Application * <input type="checkbox"/>		
Existing Pool Renovation: (check all that apply)		
<input type="checkbox"/> Saltwater-Chlorine Generator Installation *	<input type="checkbox"/> Changing Piping *	<input type="checkbox"/> Pool Deck upgrade
<input type="checkbox"/> Upgrading Chemical Feeders *	<input type="checkbox"/> Renovation of Pool shell *	<input type="checkbox"/> Replacing Flow Meter
<input type="checkbox"/> Conventional heater Installation *	<input type="checkbox"/> Bathhouse Facility Renovation	<input type="checkbox"/> Replacing Fence
<input type="checkbox"/> Solar heater installation *	<input type="checkbox"/> Depth Markers Upgrading	<input type="checkbox"/> Pool Coping
<input type="checkbox"/> Changing the filter or pump to unit that is not same manufacture and model as original *		
<input type="checkbox"/> Changing volume, Mode or location of chemical storage <input type="checkbox"/> other _____		
All applicants must complete Section I on page 2. * Follow instruction Section II on page 2		

Existing Pool Information		
Dimensions of Pool _____ ft X _____ ft (Provide Diagram)	Surface Area _____ ft ²	
Pool Capacity _____ Gallons	Minimum Depth _____ ft	Maximum Depth _____ ft
Pool has Gutters <input type="checkbox"/>	Pool has Skimmers <input type="checkbox"/>	Number of Skimmers _____
Pump Manufacturer _____	Model No. _____	Horse Power _____
Design Flow Rate _____ GPM	Flow Rate as Observed _____ GPM	Number of Pumps _____
Filter Manufacturer _____	Model No. _____	Number of Filters _____
Chemical Feeder Manufacturer _____	Model No. _____	Max dosage _____
Main Drain Cover Manufacturer _____	Model No. _____	
Skimmer Equalizer Line Cover Manufacturer _____	Model No. _____	
Flow Meter Manufacturer _____	Pool Alarm Manufacturer _____	Number of Alarms _____

Section I

Brief Description of the Project: _____

Application Package:

- This Application form (HM 134SC) and a plan review fee as per the fee schedule published by the SCDHS.
- A site plane sketch
- Manufacturer's detailed specification sheets required.

Section II

The project will require full review; a licensed engineer or registered architect is required for the project.

Application package:

- A cover letter with a brief description of the facility background and a discussion of the proposed system and work to be performed.
- This Application form (HM 134SC) and a plan review fee as per the fee schedule published by the SCDHS.
- Form DOH-1309 (1/93) - Engineering Report for Swimming Pool Plans.
- Engineering plans, in triplicate, drafted in accordance with Subpart 6-1 of the New York State Sanitary Code.
 - White plans are preferred, but blue prints are acceptable. An area at least 4 inches by 6 inches must be left blank on all pages for an approval stamp.
 - Plans should include detail piping schematic, head loss calculation, pump curves, etc.
- Manufacturer's detailed specification sheets for the proposed system indicating National Sanitation Foundation (NSF) approved (required).
- A letter from the design professional containing a phrase similar to the below statement.
 "This is to certify that I have been retained to supervise construction for the swimming pool referenced above. Upon completion of construction, I will inspect the pool. When the pool has been constructed in accordance with approved plans, I will prepare a Construction Compliance Certificate in accordance with Section 6-1.9 of the New York State Public Health Law."

For Saltwater - Chlorine Generators application (only):

- Existing disinfection equipment shall remain in-place for back-up purposes.
- The number of cells proposed to be installed, capacity in gallons of each cell. (reserve generating capacity is suggested)
- Saltwater-Chlorine Generators need to have at least 2.0 safety factor.

**All electrical work must be performed in accordance with the National Electrical Code.
 A certificate of electrical compliance must be submitted for all completed electrical work.**

I certify that all information on this application and all attachments have been reviewed and that based on my inquiry of those persons immediately responsible for obtaining the information contained in this application, I believe that the information is true, accurate, and complete. I understand that false statements made herein are punishable as a Class "A" misdemeanor pursuant to Section 210.45 of the Penal Law, State of New York.

It is hereby agreed that the swimming pool and appurtenances will be constructed in accordance with Subpart 6-1 of the New York State Sanitary Code and with the details of the plan approved by the SCDHS, or any amendemnts or revisions thereof.

Name of Board, Individual or officer making application	Representing city, village, town, institution or corporation	Date of application
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Owner or Authorized Representative Signature (required)	Print Owner or Authorized Representative Name	Date
Preparer's Signature (If different than above)	Print Preparer's Name	Date

OFFICIAL USE ONLY

Check NO _____ **Amt. of Fee** _____ **Date** _____