



Pool, Spa, Splash Pad Operational Application

Email Application to: eh@carsoncity.gov

Permits are NON-Transferrable and NON-Refundable

Carson City Health and Human Services Environmental Health Division

900 E Long St Carson City, NV 89706

Phone: 775-887-2190 ext. 80029

Gethealthycarsoncity.org



The information in this package is to guide the owner or builder through the submittal and approval procedures when obtaining a permit to operate a Pool in Carson City and Douglas County. NAC 444.010-444.546

- The design of all pool, spa, and splash pad establishments must be designed with all applicable codes, including but not limited to the: **Nevada Administrative Code 444 and the Uniform Plumbing Code**
- In Carson City, new businesses and expansions to existing businesses will require that all applicable fees associated with the nature of the establishment be paid before a permit is issued. Please contact Carson City Business License at 108 Proctor Street, Carson City, NV Phone (775) 887-2105.
- Submit plans to the Building Dept: Carson (775) 887-2310 and Douglas County (775) 782-6200
- The permit is issued upon a passing final inspection and the annual fee being paid

Regulations for pools:

- Nevada Revised Statutes & Nevada Administrative Code (NAC) 444, which can be found online at <http://leg.state.nv.us/NAC/NAC-444.html>
- Virginia Graeme Baker Pool and Spa Safety Act
- ADA Regulations
- Life preserver hook must be a minimum of 12'
- Life preserver must have a rope attached that is 1 1/2 times the width of the pool
- Must have at least one (1) life saving device for every 2,000 sq ft of pool
- Lifeguards may be required per NAC 444.270
- Designated emergency phone posted directly outside the pool enclosure

Additional Documentation to be submitted for review:

- Daily operating logs
- Fecal/vomit incident protocol
- Certified Pool Operator certificate
- If this is a **new construction**, a pool construction application will need to be submitted

Required Inspections:

- Carson City Health and Human Services, Environmental Health will perform inspections of all new, remodeled, changes of ownership, and converted facilities
- You will be contacted by a Health Inspector following review

Type of Application (check as many as apply)				
Swimming Pool	Spa	Wading Pool	Splash Pad	Other: _____
Projected Operational Times				
Seasonal				
Seasonal (dates): _____			Year-Round	
Hours				
SUNDAY _____	MONDAY _____	TUESDAY _____	WEDNESDAY _____	
THURSDAY _____	FRIDAY _____	SATURDAY _____		
Location of pool/spa/splash pad (check all that apply)				
Hotel/Motel	HOA	Public	Indoor	Outdoor
Pool Size				
Please list each pool/spa/splash pad with location and how many gallons are in each below:				
Water/Sewer				
Source of Water:	Municipal (provide the name of the water utility): _____			Well
Sewer:	Municipal (provide the name of the sewer utility): _____			Septic
Sanitation				
Type of Sanitizer:	Chlorine	Bromine	Other: _____	
What type of filter system will you be using? _____				
Acceptable turn over rates: Pool: ≤ 6 Hrs; Spas & wading: ≤ 0.5 Hr; Ch. Lagoon ≤ 1 Hr; Activity ≤ 4 Hr				
Is there a chemical testing kit on the premises?	Yes	No	Are reagents in date?	Yes No
What type of testing kit are you using? _____				
Facility				
Do you have a Pool and Spa Operator Certificate?	Yes	No	Is there a self closing gate/door?	Yes No
Please describe your pool enclosure below:				
Does the area around the water have slip resistant material?			Yes	No
Is the pattern on the main drain clearly visible from walk at deep end?			Yes	No
Is there drinking water easily available and accessible?			Yes	No
Are restrooms available?	Yes	No (if no, explain why below):		

Required Emergency Equipment/Signage (initial for acknowledgement)

Emergency/CPR signage "No Lifeguard" signage (if applicable) Life saving equipment
 Health and sanitation rules Emergency phone Two emergency blankets
 "No Diving" signage (if applicable) First aid kit

If this is a new build you must fill out a separate pool construction application.

Signature

FINAL STATEMENT and SIGNATURE

I hereby certify that all the above information is correct, and I fully understand that any deviation from the above approval without prior permission from this Health Regulatory Office may nullify this approval. Approval of these plans and specifications by this Health Regulatory Authority DOES NOT indicate compliance with any other code, law or regulation that may be required by federal, state or local agency. It further DOES NOT constitute endorsement or acceptance of the completed establishment, including but not limited to the structure or equipment. A pre-opening inspection of the establishment with the equipment will be necessary to determine if it complies with the State of Nevada and/or Carson City Municipal Codes as applicable governing public bathing establishments.

Signature(s): _____

Date: ____ / ____ / ____