



Environmental & Foods

20 N 3rd St
Lafayette, IN 47901
Phone: (765) 423-9221
FAX: (765) 423-9154

TIPPECANOE COUNTY
HEALTH DEPARTMENT

Nursing & Vital Records

629 N 6th St Ste A
Lafayette, IN 47901
Phone: (765) 423-9221
FAX: (765) 423-9277

Tippecanoe County Health Department Plan Review Application

New or Remodeled Public and Semi-Public Swimming Pools, Spas, and Splash Pads

Complete and return enclosed Plan Review Application form to the Tippecanoe County Health Department. Each pool, spa, or splash pad requires a separate completed plan review form. Include blueprints and equipment specifications. * **Note: Blueprints will not be reviewed until plan review application is completed, and plan review fee is paid.**

Contact all other State and Local Regulatory Agencies that may have authority over this project

1. One set of approved plans are to be kept on-site during construction.
2. Any change of plans must be approved by the Tippecanoe County Health Department and Building Code Official having jurisdiction

Call the Tippecanoe County Health Department after equipment is installed and water is chemically balanced to request a pre-operational inspection. Prior to your pre-operational inspection the following items shall be completed:

- Swimming Pool Permit application must be completed and all appropriate fees paid
- At least one satisfactory water sample must be submitted to the Tippecanoe County Health Department from a certified laboratory

Tippecanoe County Plan Review Application Fee

The plan review fee must be paid prior to any review of your plans and/or any consultations regarding new facilities.

The fee associated with this application is non refundable.

Facility's Name _____

Owner's Name _____

Address _____

Address _____

City _____ St. _____ Zip _____

City _____ St. _____ Zip _____

Telephone _____

Telephone _____

E-mail _____

E-mail _____

Contact Person's Name _____

Mailing Address (if different from above)

Mailing Address (if different from above)

Contracting Company _____

Address _____

City _____ St. _____ Zip _____

Telephone _____

E-mail _____

Project Manager's Name _____

Project Manager's Telephone _____

Plan Review Fee is \$150.00

Please Make Checks Payable to Tippecanoe County Health Department

Signature: _____

Date: _____

Facility Name _____

Address _____
City State Zip

Facility Type (select only one)

Pool Spa Splash Pad

Location

Indoor Outdoor

Pool Type

Class A Class B Class C Class D Wading (max depth 2ft) Zero Depth

Pool Shape Circle Rectangle Square Lap Irregular

Pool Surface Area (sf) _____ **Deck Surface Area(sf)** _____ **Deck Width** _____

Pool Volume (gal) _____ **Required GPM for turnover** _____

Bather Load _____

Recirculating Pump (make and model number) _____

Backwash Pump (make and model number) _____

Filter (make and model number) _____

Number of Filters or Elements _____

Rate of Filtration GPM _____

Filter Type: High Rate Sand Rapid Sand Cartridge Diatomite Other _____

Disinfectant System (make and model number) _____

Type of Disinfectant used _____ **Type of Shock used** _____

Gauges: Pressure Vacuum

Inlets: Directional Adjustable Floor Wall **Total Number of Inlets** _____

Overflow: Outlets (number) _____ Gutters

Main Outlet Size _____ **Number of Outlets** _____

Drain Grate (make and model number) _____ **Lifespan** _____

Heating Source (make and model number) _____

Heat Source: Natural Gas Electric Solar Other _____

Please include a complete list of signage with letter height that will be used within the pool enclosure.