

SWIMMING POOL PLAN REVIEW APPLICATION

The Tennessee Department of Health Rules and Regulations governing swimming pools require that plans drawn to scale for swimming pools be submitted for review and approval to the local health department. Review by this department will be delayed if supporting documentation is incomplete.

Date: _____ **Type of Construction:** ___ New ___ Remodel/Repair

Pool Name: _____

Pool Address: _____

Pool City, ZIP: _____

Pool Contractor: _____

Contractor Phone: _____

Contractor Email: _____

Checklist for Pool Plans	Minimum Requirements	Page # on plans
1. Backwash Air Gap	1200-23-5-.03(3)(o)	
2. Bathhouse Facilities	1200-23-5-.03(3)(a)(b)	
3. Bathhouses	1200-23-5-.03(3)(a)(b)	
4. Chlorinator/Brominator/Salt	1200-23-5-.02(4)(c)(4)	
5. Coding of Piping and Equipment	1200-23-5-.03(3)(c)	
6. Construction Material and Finish	1200-23-5-.03(3)(d)	
7. Deck Areas-length, depth, width	1200-23-5-.03(3)(e)	
8. Deck Materials and Color	1200-23-5-.03(3)(e)(3)	
9. Depth	1200-23-5-.03(3)(f)	
10. Depth Markers	1200-23-5-.03(3)(g)	
11. Diving Area/Equipment	1200-23-5-.03(3)(h)	
12. DPD Test Kit	1200-23-5-.02(4)(d)	
13. Drinking Fountain	1200-23-5-.03(3)(i)	
14. Electrical	1200-23-5-.03(3)(a)(b)	
15. Electrical Outlet Covers	1200-23-5-.02(3)(f)	
16. Equipment Room(s) or Enclosure	1200-23-5-.03(3)(k)	
17. Fencing	1200-23-5-.02(3)(g)	
18. Fill Method	1200-23-5-.02(5)(d)	
19. Filters/Filter Backwash	1200-23-5-.03(n)&(o)	
20. Flow Gauge	1200-23-5-.03(3)(bb)&(cc)	
21. Gutters	1200-23-5-.03(3)(w)	
22. Hose Bibbs/Vacuum Breakers	1200-23-5-.03(3)(b)(2)&(e)(4)	
23. Hydrostatic Relief Valve	1200-23-5-.03(2)(c)	
24. Lifeguard Chairs	1200-23-5-.03(3)(s)	

25. Lifeline	1200-23-5-.02(3)(l)	
26. Main Drains	1200-23-5-.03(3)(u)	
27. Operational Instructions	1200-23-5-.03(3)(v)	
28. Overhead Lighting	1200-23-5-.03(3)(t)(3)	
29. Perimeter, Surface Area, Volume	1200-23-5-.03(2)(d)(2)	
30. Piping Sizes	1200-23-5-.03(3)(x)	
31. Pool Finish Color	1200-23-5-.03(3)(d)(1)	
32. Pool Heater Bypass	1200-23-5-.03(3)(y)	
33. Pressure Gauges	1200-23-5-.03(3)(aa)	
34. Pump	1200-23-5-.03(3)(bb)	
35. Returns-number installed	1200-23-5-.03(3)(z)	
36. Safety Equipment	1200-23-5-.01(24)	
37. Salt Test Kit	1200-23-5-.02(4)(d)	
38. Sewage Disposal	1200-23-5-.03(3)(ee)	
39. Shatterproof Mirrors	1200-23-5-.02(2)(5)	
40. Sidewall Construction	1200-23-5-.03(ff)	
41. Sight Glass	1200-23-5-.03(gg)	
42. Signage	1200-23-5-.02(3)(o)	
43. Skimmers-number installed	1200-23-5-.03(3)(ii)	
44. Slope (Pool and Deck)	1200-23-5-.03(3)(e)(3)&(jj)	
45. Steps and Ladders	1200-23-5-.03(3)(kk)	
46. Telephone (type and location)	1200-23-5-.02(3)(r)	
47. Turnover Rate	1200-23-5-.03(3)(ll)	
48. Underwater Lighting	1200-23-5-.03(3)(t)(2)	
49. Water Supply	1200-23-5-.03(3)(nn)	

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 TCA [1200-23-5](#), an operational permit will not be issued. Approval of these plans and specifications does not indicate compliance with any other code, law, or regulation that may be required (i.e., federal, state, or local).*

Signature: _____ **Date:** _____
(Applicant/Operator)

Contact 865-215-5200 with any questions or concerns regarding the plans review process.

To submit plans, please choose one of the options listed below:

Mail:
Knox County Health Department
Attn: EH/Pool Review Committee
140 Dameron Avenue
Knoxville, TN 37917

Fax:
865-215-5521

Email:
KCHD.aquatics@knoxcounty.org