### Application for Review

**Industry Services Division**

**Public Swimming Pools**

- **Phone:** 608-266-3151
- **Fax:** 877-440-9172
- **Email:** dpssbplanschedule@wi.gov

This page may be utilized for fax appointments. Complete and indicate date plans will be in our office.

**NOTE:** Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

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1. **Total Number of Recirculation Systems in this submittal:**
   - Complete all information on Page 2 for each Recirculation System.
   - Use additional pages if necessary.

   If your submittal includes a slide(s), check all that apply:

   - **Functional Review(s):**
     - The slide(s) in this submittal are served by a new pool/recirculation system. By completing information on Page 2, no other information is required for these slides.
     - The slide(s) in this submittal are for a runout, water, pool or drop slide over 4' in height and are served by an existing pool/recirculation system (# of slides ___). Complete all information in item 7, Page 3.

   - **Structural Review:**
     - This submittal is for a Structural Review of runout, water, pool or drop slide(s) over 6' in height that requires a separate review and application form with 4 separate plan sets. This submittal is independent of the water attraction/pool review and will be scheduled in Madison for buildings.

2. **Check all that apply**

   - ( ) New
   - ( ) Revision* (to previously app’d plan–before final insp)
   - ( ) Virginia Graeme Baker modification only – plans may be faxed in – see S&B pool website.
   - ( ) Modification*
   - ( ) No Open Swim or Lessons Permitted
   - ( ) Open Swim or Lessons Permitted

   *Indicate what was revised or modified on the plan.

3. **Project Information** – Fill in all known information:

   - **Project/Site Name**
   - **Number & Street**
   - **Legal Description:**
   - **County ( ) Village ( ) City ( )**

3a. **Tenant Name or Building Designation:** Example: West Mall/Jim’s Shoes, Bldg #1

3b. **Tenant or Building Address**

4. **After plans are reviewed, please:**
   - ( ) Notify customer 1, 2, 3 (circle one)*
   - ( ) Mail plans to customer 1, 2, 3 (circle one)*
   - ( ) Plan status check

   *Refers to customer number from below

5. **Complete the following designer/owner information.** When completing customer 1, indicate if designer is the supervising professional per SPS 390.04 (5).

   - **Designer Information-Individual Who Stamped Plans (Customer 1):**
     - **First Name**
     - **Last Name**
     - **Company Name**
     - **Address**
     - **City**
     - **State**
     - **Zip + 4 (9 digits)**
     - **(Area Code) Phone Number**
     - **Fax Number**
     - **Email Address**

   - **Owner Information (Customer 2):**
     - **First Name**
     - **Last Name**
     - **Company Name**
     - **Address**
     - **City**
     - **State**
     - **Zip + 4 (9 digits)**
     - **(Area Code) Phone Number**
     - **Fax Number**
     - **Email Address**

   - **Other/Contact Person (Customer 3):**
     - **First Name**
     - **Last Name**
     - **Company Name**
     - **Address**
     - **City**
     - **State**
     - **Zip + 4 (9 digits)**
     - **(Area Code) Phone Number**
     - **Fax Number**
     - **Email Address**

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Make checks payable to the Industry Services Division and attach to the application and plans.

- **Invoice Designer, who will be personally responsible for Payment.**

<table>
<thead>
<tr>
<th>Total Amount Due $</th>
<th>Revenue Code 7650</th>
</tr>
</thead>
</table>

Page 1

For the most current application, [http://dps.wi.gov/Programs/Industry-Services/Industry-Services-Programs/Public-Swimming-Pools/Public-Swimming-Pools-Forms/](http://dps.wi.gov/Programs/Industry-Services/Industry-Services-Programs/Public-Swimming-Pools/Public-Swimming-Pools-Forms/)
6. The Following Must Be Completed For Each Recirculation System Indicated in Section 1 of Page 1.

Recirculation System #_______

( ) Swimming Pool
  ( ) Swimming, skimmer
  ( ) Swimming, gutter
  ( ) Diving, skimmer
  ( ) Diving, gutter
  ( ) Combination (swimming/diving), skimmer
  ( ) Combination (swimming/diving), gutter

( ) Wading, skimmer
( ) Wading, gutter

( ) Water Attraction
  ( ) Activity
  ( ) Vortex
  ( ) Leisure River
  ( ) Pad Walk
  ( ) Plunge Area

( ) Runout Slides
( ) Splash Pad
( ) Vanishing Edge
( ) Wave
( ) Zero Depth

( ) Whirlpool
( ) Therapy Pool

( ) Alternate
  ( ) New
  ( ) Modification

( ) Experimental
  ( ) New
  ( ) Modification

( ) Alternate
  ( ) New
  ( ) Modification

CALCULATIONS

<table>
<thead>
<tr>
<th>Pool Surface Area</th>
<th>sq. ft.</th>
<th>Perimeter</th>
<th>ft.</th>
<th>Pool Patron Load</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volume</td>
<td>cu. ft.</td>
<td>Volume</td>
<td>gals.</td>
<td></td>
</tr>
<tr>
<td>Turnover Time</td>
<td>hrs.</td>
<td>Recirculation Rate</td>
<td>gpm.</td>
<td></td>
</tr>
</tbody>
</table>

Recirculation Pump: Make | Model | gpm. at | ft. TDH | Max. gpm. |
(List additional jet or feature pump specifications on plan)  

Filter: Make | Model | Type | Number of | Surface Area per Filter in sq. ft. | NSF Approved |

Disinfectant Feeder: Make | Model | NSF Approved | Type of Disinfectant |

Overflow System: Gutter type: Surge Tank volume in gallons

<table>
<thead>
<tr>
<th>Skimmer type:</th>
<th>Make</th>
<th>Model</th>
<th>Number of</th>
</tr>
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<tbody>
<tr>
<td>Directional</td>
<td></td>
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<tr>
<td>Adjustable</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Wall</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Floor</td>
<td></td>
<td></td>
<td></td>
</tr>
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Inlets: Make | Model | Number of | Orifice Diameter |

Main Drains: Make | Model | Number of | Open Area per Drain in sq. in. |

Recirculation System #_______

( ) Swimming Pool
  ( ) Swimming, skimmer
  ( ) Swimming, gutter
  ( ) Diving, skimmer
  ( ) Diving, gutter
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( ) Wading, gutter

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  ( ) Vortex
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Inlets: Make | Model | Number of | Orifice Diameter |

Main Drains: Make | Model | Number of | Open Area per Drain in sq. in. |
7. Complete this area if submitting a slide(s) using an existing pool/recirculation system. Include minimum 4, maximum 5 properly-signed plans for each pool/recirculation system showing all pertinent information including the slide and associated piping and pool.

<table>
<thead>
<tr>
<th>Type of slide:</th>
<th>runout slide</th>
<th>water slide</th>
<th>pool slide</th>
<th>drop slide</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pool Surface Area</strong> sq. ft.</td>
<td><strong>Perimeter</strong> ft.</td>
<td><strong>Surge Tank Water Volume in Gallons</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Volume</strong> cu. ft.</td>
<td><strong>Volume</strong> gals.</td>
<td></td>
<td></td>
<td></td>
</tr>
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<td><strong>Turnover Time</strong> hrs.</td>
<td><strong>Recirculation Rate</strong> gpm.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Attach additional sheets if submitting more than 2 slides).

8. Number of Dressing, Shower, and Toilet Facilities

<table>
<thead>
<tr>
<th>Female:</th>
<th>Toilets</th>
<th>Lavatories</th>
<th>Showers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male:</td>
<td>Toilets</td>
<td>Lavatories</td>
<td>Showers</td>
</tr>
<tr>
<td>Unisex / Family:</td>
<td>Toilets</td>
<td>Lavatories</td>
<td>Showers</td>
</tr>
</tbody>
</table>

9. Supervising Professional (construction contractor, architect or engineer) Must Sign Below When Plans Are Sent in for Review

<table>
<thead>
<tr>
<th>Signature</th>
<th>Supervising Professional License Number</th>
<th>Date</th>
</tr>
</thead>
</table>

Print Name

If contact information is not shown on Page 1, Supervising Professional must complete the following:

<table>
<thead>
<tr>
<th>Address</th>
<th>(Area Code) Phone Number</th>
<th>E-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Area Code) Fax Number</td>
<td></td>
</tr>
</tbody>
</table>

City State Zip + 4