



Southern Nevada Health District, 280 S Decatur Blvd., Las Vegas, NV 89107, (702) 759-0572

TEMPORARY/SEASONAL AQUATIC VENUE

Supplemental Application (required for each Aquatic Venue)

Aquatic Venue
Aquatic Venue Name:

Aquatic Venue Information							
Length:	ft	in <input type="checkbox"/> N/A	Perimeter:	ft	in <input type="checkbox"/> N/A	Water volume:	Gallons
Width:	ft	in <input type="checkbox"/> N/A	Surface area:			Minimum required turnover:	Hrs
Diameter:	ft	in <input type="checkbox"/> N/A	Occupancy:	Bathers		Minimum required flow:	gpm
Depth:	ft	in	Qualified operator:			Certifying agency:	

Note: Requirements listed in red are required for submission in addition to this application

Design Data			
Interior Finish	Stairs	Recessed Steps w/Handrail	Ladders
Specs provided: <input type="checkbox"/>	N/A <input type="checkbox"/>	N/A <input type="checkbox"/>	N/A <input type="checkbox"/> Specs Provided: <input type="checkbox"/>
Material:	Specs Provided: <input type="checkbox"/>	Quantity:	Quantity:
Color:	Quantity:	Locations:	Locations:
Designs included: <input type="checkbox"/>	Locations:	Min tread width: in	Handrail to wall clearance: in
Smooth & easily cleanable: <input type="checkbox"/>	Min tread width: ft in	Min tread depth: in	Ramps <input type="checkbox"/> N/A
Slip resistant: <input type="checkbox"/>	Tread rise: to in		Quantity:
	Min tread depth: in		Locations:
Depth Markers	Handholds	Inlets	Skimmers
N/A <input type="checkbox"/>	N/A <input type="checkbox"/>	Wall quantity:	Specs Provided: <input type="checkbox"/>
Quantity:	Type:	Floor quantity:	Manufacturer:
Locations:	Thickness: in	Maximum spacing: ft	Model number:
Min depth: ft in	Overhang: in	Minimum depth: in	Quantity:
Max depth: ft in	Distance above waterline: in		Max capacity: gpm
4-inch numbers: <input type="checkbox"/>			Meets NSF 50: <input type="checkbox"/>
Contrasting background: <input type="checkbox"/>			Min 2" equalizer line: <input type="checkbox"/>
Underwater Lighting	Overhead Lighting	Lifeguards	Safety Equipment
N/A <input type="checkbox"/>	N/A <input type="checkbox"/> Required if open at night	# required: (1/1000 sq ft)	# of Ring buoys/rescue tubes:
Type:	Type:	# Provided:	Length of ¼ in rope: ft
Quantity:	Quantity:	Certifying agency:	Quantity of lifepoles:
Location:	Location:	# of Lifeguard stands:	First aid kit: <input type="checkbox"/>
Manufacturer:	Photometric plan provided: <input type="checkbox"/>	# of Roving lifeguards:	Lifeline with floats: <input type="checkbox"/> N/A <input type="checkbox"/>
Model:	if underwater lighting is provided, 10 FC is required. If not provided, 40 FC is required on the deck	Lifeguard plan provided: <input type="checkbox"/>	Emergency plan submitted: <input type="checkbox"/>
Output: lumens		LG Supervisor:	Required Signs Provided: <input type="checkbox"/>
GFCI: <input type="checkbox"/> Low Voltage: <input type="checkbox"/>			

Miscellaneous				
4' of deck provided: <input type="checkbox"/>	Deck slip resistant: <input type="checkbox"/>	Water source: Potable: <input type="checkbox"/>	Barrier height: _____ ft _____ in	
Deck material: _____	Deck drains away from venue: <input type="checkbox"/>	Waste water disposal: _____	Barrier type: _____	
Deck surface area: _____ ft ²			Details provided: <input type="checkbox"/> Security: <input type="checkbox"/>	

Specifications are required for all installed equipment:

Equipment Type	Equipment Information	Specifications and NSF Listing
Circulation Pump	Manufacturer/Model #/HP	
		Specs Provided: <input type="checkbox"/> Certified to NSF 50: <input type="checkbox"/>
		Specs Provided: <input type="checkbox"/> Certified to NSF 50: <input type="checkbox"/>
		Specs Provided: <input type="checkbox"/> Certified to NSF 50: <input type="checkbox"/>
Auxiliary Pump	Manufacturer/Model #/HP	N/A: <input type="checkbox"/>
		Specs Provided: <input type="checkbox"/> Certified to NSF 50: <input type="checkbox"/>
		Specs Provided: <input type="checkbox"/> Certified to NSF 50: <input type="checkbox"/>
		Specs Provided: <input type="checkbox"/> Certified to NSF 50: <input type="checkbox"/>
Filter	Manufacturer/Model #/Rating	
		Specs Provided: <input type="checkbox"/> Certified to NSF 50: <input type="checkbox"/>
		Specs Provided: <input type="checkbox"/> Certified to NSF 50: <input type="checkbox"/>
		Specs Provided: <input type="checkbox"/> Certified to NSF 50: <input type="checkbox"/>
Backwash Valves	Manufacturer/Model #	N/A: <input type="checkbox"/>
		Specs Provided: <input type="checkbox"/> Certified to NSF 50: <input type="checkbox"/>
Disinfectant Feeder	Manufacturer/Model #	
		Specs Provided: <input type="checkbox"/> Certified to NSF 50: <input type="checkbox"/>
pH Control Feeder	Manufacturer/Model #	N/A: <input type="checkbox"/>
		Specs Provided: <input type="checkbox"/> Certified to NSF 50: <input type="checkbox"/>
Chemical Controller	Manufacturer/Model #	N/A: <input type="checkbox"/>
		Specs Provided: <input type="checkbox"/> Certified to NSF 50: <input type="checkbox"/>
Heater	Manufacturer/Model #/Output	N/A: <input type="checkbox"/>
		Specs Provided: <input type="checkbox"/> Certified to NSF 50: <input type="checkbox"/>
Rate of Flow Indicator	Manufacturer/Model	
		Specs Provided: <input type="checkbox"/> Certified to NSF 50: <input type="checkbox"/>
Suction Outlet Covers	Mfr/Model #/Quantity/ Rating/Location	
		Specs Provided: <input type="checkbox"/> Certified to NSF 50: <input type="checkbox"/>
		Specs Provided: <input type="checkbox"/> Certified to NSF 50: <input type="checkbox"/>
		Specs Provided: <input type="checkbox"/> Certified to NSF 50: <input type="checkbox"/>

The following plans and documentation are required with the submittal:

- Photometric plan
- Barrier/Security plan
- Lifeguard plan
- Maintenance/Cleaning plan
- Site plan
- Venue layout and plumbing plan
- All equipment specifications

Name (Type or Print)

Signature

Date