

**APPLICATION FORM**

**To Construct, Alter, or Extend an Aquatic Facility/Water Body**

**Email complete application form and the checklist to**[**Swimmingpools@health.wa.gov.au**](mailto:Swimmingpools@health.wa.gov.au)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Aquatic Facility Details | | | | | | | | | | | | | | | | | | | |  |
| Facility/Development Name |  | | | | | | | | | | | | | | | | | | |  |
| Street Address |  | | | | | | | | | | | | | | | | | | |  |
| Suburb |  | | | | | | | | | | | | | | | | | | |  |
| Local Government | | | | | | | | | | | | | | | | | | | |  |
| The local government area for the aquatic facility. | | | | | | | | | | | | | | | | | | | |  |
| Name of Local Government |  | | | | | | | | | | | | | | | | | | |  |
| Applicant Details | | | | | | | | | | | | | | | | | | | |  |
| Provide details of the applicant (this must be the **property occupier only**,it cannot be a contractor or consultant.) | | | | | | | | | | | | | | | | | | | |  |
| Occupier Business Name |  | | | | | | | | | | | | | | | | | | |  |
| Title (Mr/Ms) |  | | | | | | | | | | | | | | | | | | |  |
| Applicant Name |  | | | | | | | | | | | | | | | | | | |  |
| Position |  | | | | | | | | | | | | | | | | | | |  |
| Street Address |  | | | | | | | | | | | | | | | | | | |  |
| Suburb |  | | | | | | | | | | | Post Code | | | | |  | | |  |
| Phone (work) |  | | | | Phone (mobile) | | | | | | | | | |  | | | | |  |
| Email Address |  | | | | | | | | | | | | | | | | | | |  |
| Postal Address (required) |  | | | | | | | | | | | | | | | | | | |  |
| Suburb |  | | | | | | | | | | | Post Code | | | | |  | | |  |
| Aquatic Facility/Pool Builder | | | | | | | | | | | | | | | | | | | |  |
| Provide details of the contractor responsible for installation of the aquatic facility structure. | | | | | | | | | | | | | | | | | | | |  |
| Name of Business |  | | | | | | | | | | | | | | | | | | |  |
| Title (Mr/Ms) |  | | | | | | | | | | | | | | | | | | |  |
| Contact Name |  | | | | | | | | | | | | | | | | | | |  |
| Position |  | | | | | | | | | | | | | | | | | | |  |
| Street Address |  | | | | | | | | | | | | | | | | | | |  |
| Suburb |  | | | | | | | | | | | Post Code | | | | |  | | |  |
| Phone (work) |  | | | | Phone (mobile) | | | | | | | | | |  | | | | |  |
| Email Address |  | | | | | | | | | | | | | | | | | | |  |
| Postal Address (required) |  | | | | | | | | | | | | | | | | | | |  |
| Suburb |  | | | | | | | | | | | Post Code | | | | |  | | |  |
| Areas of responsibility: | Water Body Structure | | | | | | | | Fencing | | | | | | | | | | |  |
| Plant & Equipment | | | | | | | | Concourse | | | | | | | | | | |  |
| Lighting | | | | | | | | First Aid Amenities | | | | | | | | | | |  |
| Sanitary Facilities | | | | | | | | Buildings | | | | | | | | | | |  |
| Main Contractor/Project Manager (complete if relevant) | | | | | | | | | | | | | | | | | | | |  |
| Provide details if a main building contractor/project manager is involved with development of other components associated with the aquatic facility. (e.g. concourses, buildings, sanitary facilities, fencing etc.) | | | | | | | | | | | | | | | | | | | |  |
| Name of Business |  | | | | | | | | | | | | | | | | | | |  |
| Title (Mr/Ms) |  | | | | | | | | | | | | | | | | | | |  |
| Contact Name |  | | | | | | | | | | | | | | | | | | |  |
| Position |  | | | | | | | | | | | | | | | | | | |  |
| Street Address |  | | | | | | | | | | | | | | | | | | |  |
| Suburb |  | | | | | | | | | | | Post Code | | | | |  | | |  |
| Phone (work) |  | | | | Phone (mobile) | | | | | | | | | |  | | | | |  |
| Email Address |  | | | | | | | | | | | | | | | | | | |  |
| Postal Address (required) |  | | | | | | | | | | | | | | | | | | |  |
| Suburb |  | | | | | | | | | | | Post Code | | | | |  | | |  |
| Areas of responsibility: | Buildings | | | | | | | | Fencing | | | | | | | | | | |  |
| Plant & Equipment | | | | | | | | Concourse | | | | | | | | | | |  |
| Lighting | | | | | | | | First Aid Amenities | | | | | | | | | | |  |
| Sanitary Facilities | | | | | | | | | | | | | | | | | | |  |
| Facility Type and Classification | | | | | | | | | | | | | | | | | | | |  |
| Is the Aquatic facility new or existing: | | New | | | | | | | | Existing | | | | | | | | | |  |
| Purpose of application: | | Construct | | | | | Alter | | | | | | | | | Extend | | | |  |
| Will the aquatic facility be controlled by, used by or connected with any: | | Association | Body Corporate | | | | | Business | | | | | | | Club | | | School | |  |
| For any of the above, please provide details: | |  | | | | | | | | | | | | | | | | | |  |
| Will the aquatic facility be associated with 30 or more residential units controlled or operated by a body corporate/strata company? | | Yes | | | | | | | | | | | | No | | | | | |  |
| Will the aquatic facility be associated with serviced apartments/short stay accommodation? | | Yes | | | | | | | | | | | | No | | | | | |  |
| Please specify number of units in complex: | |  | | | | | | | | | | | | | | | | | |  |
| Please indicate the primary purpose of the facility: | | Athletic Recovery | | | | Health Services | | | | | | | Leisure | | | | | | Learn to Swim |  |
| Public Aquatic Centre | | | | Water Feature | | | | | | | Other, please specify: | | | | | | |  |
| Aquatic Facility Classification | | | | | | | | | | | | | | | | | | | |  |
| What group (previously referred to as Class) is proposed/ or currently exists for the aquatic facility | | Group 1 | | Group 2 | | | | | | | Group 3 | | | | | | | Group 4 | |  |

**WATER BODY TYPE, NUMBER & PARAMETERS**

The following notes explain the information requested in relation to aquatic facility water body/bodies proposed for work (detailed below). This information is necessary to determine the water body loading category in accordance with **Table 4 – Water Body Loading Category Chart** of the Code:

**Note 1**: For **water body definitions** refer to **Section 1 Administrative Provisions** of the Code.

**Note 2**: For general purposes, the following rules are used to determine water body loading category:

1. Identify the type of water body e.g. leisure pool
2. Maximum bather number parameters for type of water body is determined (see **Table 10 – Maximum Bather Numbers** under Section 7.14 Maximum Bather Numbers of the Code)

E.g. leisure pool = 1 person/2.0m2.

1. The maximum bather number parameters can then be used to determine the potential water body loading categories by referring to the second column of **Table 5 – Water Body Parameters by Category Chart** under Section 3.3.2 Filtration Rates and Turnover Times of the Code.

E.g. possible categories = 2 or 3

1. **Table 4 – Water Body Loading Category Chart** is then referred to distinguish between the short-list of possible categories using the suggested list of parameters.

**COMPLETE THE FOLLOWING TABLES RELEVANT TO EACH WATER BODY PROPOSED FOR WORK**

|  |  |  |
| --- | --- | --- |
| Water body Type | No. | Specify Detail (as required) |
| Swimming Pool (General) |  |  |
| Leisure Pool |  |  |
| Wading Pool (Depth < 300mm) |  |  |
| Toddler Pool |  |  |
| 50m/25m Lap Pool (specify) |  |  |
| Diving Pool |  |  |
| Spa Pool |  |  |
| Hydrotherapy Pool |  |  |
| Wave Pool |  |  |
| River Ride |  |  |
| Float Tank |  |  |
| Waterslide Landing Pool/Watershed Area (specify) |  |  |
| Water Playground |  |  |
| Other Water Body Type (specify) |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Water Body Type | Water Depth Shallow (m) | Water Depth Deep (m) | Water Body Surface Area (m2) | Water Body Volume (m3) | Heated Yes/No | Located Indoors  Yes/No | Est. No. Bathers /Day | Envisaged Water Body Loading Category (1-8) |
|  |  |  |  |  |  |  |  |  |
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**COMPLIANCE ASSURANCE STATEMENTS**

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| --- |
| The applicant is to provide compliance assurance statements below addressing all code of practice requirements as relevant to the type and group of aquatic facility proposed. Each statement should be descriptive and provide specifications where relevant as to how the proposal complies. If a particular section is not relevant to the aquatic facility, write NA. |

|  |  |  |
| --- | --- | --- |
| **Subject** | **Applicant Statement** | **Supporting Reference Doc** |
| General Description of Facility |  |  |
| 2.4 Construction Materials |  |  |
| 2.5 Surface Finishes |  |  |
| 2.6 Use of Sand and Earth Material |  |  |
| 2.7 Obstruction and Entrapment |  |  |
| 2.8 Wall Slopes, Projections, Steps & benches |  |  |
| 2.9 Radius of Wall and Floor Junctions |  |  |
| 2.10 Floor Gradients |  |  |
| 2.11 Minimum Water Depths |  |  |
| 2.12 Depth Marking Contrast, Location and Dimensions |  |  |
| 2.13 Access and Egress (Steps & Handrails, Seats, Ramps and Ladders) |  |  |
| 2.14 Starting Platforms |  |  |
| 2.15 Mechanical Ventilation |  |  |
| 2.16 Lighting |  |  |
| 2.17 Concourses and Walkways |  |  |
| 2.18 Fencing and Security |  |  |
| 2.19 Separation Distances |  |  |
| 2.20 Sanitary Amenities |  |  |
| 2.21 Backwash Water |  |  |
| 2.22 First Aid Facilities and Signage |  |  |
| 2.23 First Aid Equipment |  |  |
| 2.24 Rescue Equipment |  |  |
| 2.25 Safety Signage |  |  |
| 2.26 Spectator Stands and Seating Amenities |  |  |
| 2.27 Shade Protection |  |  |
| 2.28 Electrical Safety and Equipotential Bonding |  |  |
| 3.2.1 Circulation |  |  |
| 3.2.2 Wall Inlets |  |  |
| 3.2.3 Floor Inlets |  |  |
| 3.2.4 Surface Skimmers |  |  |
| 3.2.5 Perimeter Overflow Systems |  |  |
| 3.2.5 Entrapment Prevention |  |  |
| 3.3.1 Filtration |  |  |
| 3.3.6 Water Supply and Top Up |  |  |
| 3.4 Disinfection System |  |  |
| 3.6 Salt Chlorination and Hydrogen Gas |  |  |
| 3.7 Ozone Disinfection |  |  |
| 3.8 Water Heating Systems |  |  |
| 4.1 Chemical Safety and Storage |  |  |
| 8.1 Diving Facilities |  |  |
| 8.2 Moveable Booms |  |  |
| 8.3 Child Amusement Devices |  |  |
| 8.4 Wave Pools |  |  |
| 8.5 River Rides |  |  |
| 9 Spa Pools |  |  |
| 10 Water Slides |  |  |
| 11 Hydrotherapy Pools |  |  |
| 12 Water Spray Grounds |  |  |

**I, the Site Occupier do declare that all information provided in this application is true and correct:**

|  |  |
| --- | --- |
| **Organisation:** |  |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |

Water Body Filtration and System Performance Data Sheet

Health (Aquatic Facilities) Regulations 2007

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **BASIC WATER BODY FILTRATION AND SYSTEM DESIGN PERFORMANCE INFORMATION  (To be completed for each independent plumbing system)** | | | | | | |
| LOCATION | |  | | | | |
| DESCRIPTION (Swim, Spa, etc.) | | |  | | | |
| WATER BODY VOLUME (m3) | | |  | | | |
| PUMP MAKE & MODEL | | |  | | | |
| NUMBER OF PUMPS IN USE SIMULTANEOUSLY | | | |  | | |
| FILTER MAKE & MODEL | | |  | | | |
| NUMBER OF FILTERS IN USE SIMULTANEOUSLY | | | |  | | |
|  | | | | | | |
| TOTAL SYSTEM PERFORMANCE DATA | | | | | FILTERS (Clean Condition) | |
|  | | | | | **Figure** | **Units** |
| Filter Resistance (See note 2) | | | | |  | Meters  / KPa |
| Plumbing Resistance (resistance in pipes) | | | | **+** |  | Meters  / KPa |
| Head (Kpa or Metres) (See Note 5) | | | |  |  | Meters  / KPa |
| Total System Resistance (Combined total of above at total system flow rate) (See note 3) | | | | **=** |  | Meters  / KPa |
| Flow Rate (per pump) | | | | |  | L/min |
| Total System Flow Rate (See notes 1 and 2) | | | | = |  | L/min |
| Total Pool Volume | | | |  |  | L  / m3 |
| POOL TURNOVER RATE | | | | = |  | Mins  / Hrs |
|  | | | | | | |
| NOTES: | | | | | | |
| 1. | Pump manufacturers performance curves with the duty points under clean filter conditions clearly marked thereon must accompany this statement. | | | | | |
| 2. | Data from the filter manufacturer stating filter area and maximum allowable flow rate must accompany this statement. | | | | | |
| 3. | The "total system flow rate" is the flow to be circulated to and from the water body with all pumps operating simultaneously. It must not count stand-by pumps. | | | | | |
| 4. | System schematic diagram showing the point of chlorination and distances between water body inlets and outlets must accompany this statement | | | | | |
| 5. | Pressure loss or gain due to vertical separation of pump and water level | | | | | |

Name: Qualifications:

Signature: Date:

Produced by Environmental Health Directorate

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