



CLARK COUNTY
WASHINGTON
PUBLIC HEALTH
ENVIRONMENTAL HEALTH

Recreational Water Safety

Float Tank Plan Review Application

FACILITY INFORMATION:

FACILITY NAME: _____

EMAIL: _____

SITE ADDRESS: _____ CITY: _____ STATE: WA ZIP: _____

SITE PHONE NUMBER: _____ TAX ACCOUNT/PARCEL NUMBER: _____

OWNER INFORMATION:

OWNER NAME: _____

EMAIL: _____

MAILING ADDRESS: _____ CITY: _____ STATE: WA ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

BILLING INFORMATION:

RESPONSIBLE PARTY NAME: _____

EMAIL: _____

MAILING ADDRESS: _____ CITY: _____ STATE: WA ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

PROJECT CONTACTS:

Building/Room Design Engineer or Architect Information:

COMPANY NAME: _____ CONTACT NAME: _____

EMAIL: _____ PHONE NUMBER: _____

Building Department Contact Information:

JURISDICTION : _____ CONTACT NAME: _____

EMAIL: _____ PHONE NUMBER: _____

Ensure the following items are included in the plan review submittal packet:

- One set of design plans for the facility including:
 - Flootation system drawing and design including the dimensions and volumes of the tank and reservoir (if used), inlets, outlets and water line. Materials used. Handrails and stairs. Pipe size, piping schematics and equipment configuration. Design flow rate and turnover rate. Electrical plan (pump operation, treatment device interlock and alarm systems).
 - Equipment room plan (if present) including equipment and piping plans, materials used, lighting and ventilation.
 - Float tank room plans including materials used, shower, toilet (if provided), lighting and ventilation.
 - Site plan showing the entire facility including materials used, public restrooms, entrances and exits, all doors and windows (meeting barrier requirements), location of an emergency phone, location of a hose bib, lighting and ventilation.
- Equipment spec sheets for the following (check all that have been provided):
 - Float tank Filter Flow Meter Pump and valves (include operation control switch)
 - Each piece of treatment method including capacity rating and interlock mechanism
 - Ozone detector and alarm system (if applicable) Ventilation systems
 - Any other device/equipment for the float tank
- A Washington State Department of Health, or DOH, issued [Characteristics Data Form \(Word\)](#). NOTE: This form will be sent to WA DOH for statewide data collection.
- [Statement of efficacy and safety](#) to be filled out by the manufacturer of the pod.
- A [Floatation tank facility laboratory agreement form](#) to be filled out by facility owner and laboratory representative.
- A completely filled out [Float tank operation plan](#).
- Payment of the plan review fee, PE Code 5015

APPLICANT'S SIGNATURE: _____ DATE: _____

CCPH USE ONLY		
PLAN REVIEW FEE \$ _____	DATE _____	RECEIPT# _____
RECEIVED BY _____	SR # _____	EHS _____



For other formats, contact the Clark County ADA Office

Voice 564.397.2322
Fax 564.397.6165

Relay 711 or 800.833.6388
Email ADA@clark.wa.gov