



APPLICATION FOR VARIANCE

State Form 44400 (R7 / 10-13)
Approved by State Board of Accounts, 2013

INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION

302 West Washington Street, Room W246
Indianapolis, IN 46204-2739

http://www.in.gov/dhs/fire/fp_bs_comm_code/



INSTRUCTIONS: Please refer to the attached four (4) page instructions.
Attach additional pages as needed to complete this application.

Variance number (Assigned by department)

15-10-02

1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)		
Name of applicant	Title	
Name of organization	Telephone number	
Address (number and street, city, state, and ZIP code)		
111 EAST 16 TH STREET, INDIANAPOLIS, INDIANA 46202		
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant)		
Name of applicant	Title	
Name of organization	Telephone number	
Address (number and street, city, state, and ZIP code)		
1000 E. 80 TH PLACE, SUITE 600 N., MERRILLVILLE, INDIANA 46410		
3. DESIGN PROFESSIONAL OF RECORD (If applicable)		
Name of design professional	License number	
Name of organization	Telephone number	
Address (number and street, city, state, and ZIP code)		
314 ILLINOIS STREET, GLEN ELLYN, ILLINOIS 60137		
4. PROJECT IDENTIFICATION		
Name of project	State project number	County
HISTORIC CENTRAL APARTMENTS POOL	364814	MARION
Address of site (number and street, city, state, and ZIP code)		
3000 WEST WASHINGTON STREET, INDIANAPOLIS, IDIANA 46222		
Type of project		
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of occupancy <input type="checkbox"/> Existing		
5. REQUIRED ADDITIONAL INFORMATION		
The following required information has been included with this application (check as applicable):		
<input checked="" type="checkbox"/> A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions)		
<input checked="" type="checkbox"/> One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.		
<input checked="" type="checkbox"/> Written documentation showing that the local fire official has received a copy of the variance application. MARGIE BRONARD ACKNOWLEDGED		
<input checked="" type="checkbox"/> Written documentation showing that the local building official has received a copy of the variance application. & IS WAITING FOR STATE TO SEND A NOTICE		
6. VIOLATION INFORMATION		
Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order?		
<input type="checkbox"/> Yes (If yes, attach a copy of the Correction Order.) <input checked="" type="checkbox"/> No		
Has a violation been issued?		
<input type="checkbox"/> Yes (If yes, attach a copy of the Violation and answer the following.) <input checked="" type="checkbox"/> No		
Violation issued by:		
<input type="checkbox"/> Local Building Department <input type="checkbox"/> State Fire and Building Code Enforcement Section <input type="checkbox"/> Local Fire Department		

7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved ISDH- Public Swimming Pool Rules & Indiana Swimming Pool Code- IAC- Article 20	Specific code section 410-IAC 6-2.1-32 (b) 675-IAC 20-2-17 (b)(3)
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Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.)

ISDH-In all other pools built on or after September 13, 1989, the turnover rate shall be as follows:
Pools with Wading areas to be 2 hours
Indiana Swimming Pool Code -The circulation system shall be of adequate size to produce not less than the following turnover time:
Class B and Class C pools with wading areas: two (2) hours.

8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:

Non-compliance with the rule will not be adverse to the public health, safety or welfare; or

Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).

Facts demonstrating that the above selected statement is true:

SEE ATTACHED LETTER

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select at least one of the following statements:

Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services.

Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building or structure.

Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.

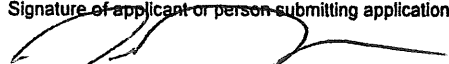
Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:

SEE ATTACHED LETTER

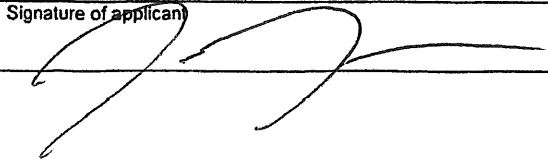
10. STATEMENT OF ACCURACY

I hereby certify under penalty of perjury that the information contained in this application is accurate.

Signature of applicant or person submitting application 	Please print name JASON GILLIANA	Date of signature (month, day, year) 07/23/2015
Signature of design professional (if applicable)	Please print name	Date of signature (month, day, year)

11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement.)

I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.

Signature of applicant 	Please print name JASON GILLIANA	Date of signature (month, day, year) 07/23/2015
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Department of Code Enforcement

Indianapolis

Gregory A. Ballard, Mayor

August 11, 2015

Cecilia Ernstes-Boxell
Indiana Department of Homeland Security, Code Services
Room W-245
402 W. Washington St.
Indianapolis, IN, 46024

RE: Variance-Historic Central Apartments Pool

Dear Cecilia,

The City of Indianapolis has received the application for variances as follows:

1. Indiana Swimming Pool, Spa and Water Attraction Code, 675 IAC 20-2-17(b)(3)-
the circulation system will not provide the required turnover time.

We will appreciate receiving the results of the Commission's deliberations.

Sincerely,

Jeff Dean

Building Code Analyst

Department of Code Enforcement

1200 Madison Ave., Ste. 100 | Indianapolis, IN 46225 | Phone: (317) 327-8700 | www.indy.gov/dce
Fax Numbers: Building - 327-8475 | Business Licensing - 327-0817 | Contractor Licensing - 327-8401
Crafts - 327-5397 | Infrastructure/Right of Way - 327-3125 | Permits - 327-5174 | Zoning - 327-8696

July 29, 2015

Jason Ravenscroft
Supervisor Pools, Septics, & Wells Program
Marion County Public Health Department
3901 Meadows Dr
Indianapolis, IN 46205
317-221-2277



Gilliana Pools, LLC
1000 E. 80th Place Suite 600 N.
Merrillville, IN 46410
P 219-736-7770
F 219-736-7774
gillianapools.net

RE: REQUEST FOR VARIANCE for:

**Historic Central Apartments Pool
3000 West Washington Street
Indianapolis, Indiana 46222**

Jason,

We are requesting a variance from the requirements stated in the **Indiana Department of Health Environmental Public Health Division- Public and Semi-Public Swimming Pools 410 IAC 6-2.1-32 Recirculation- Section 32 (b)** *In all other pools built on or after September 13, 1989, the turnover rate shall be as follows:*

POOL TYPE	TURNOVER RATE
Pools with wading areas	2 hours

The aforementioned pool consists of two areas: one being a wading area at 6 inches or less of water (calculated at 748 gallons) and the remainder of the pool having an average depth of 3' – 7" equating to 19,052 gallons. The total number of gallons is 19,800 gallons. The pool has been cited for the observed flow rate of 100 gallons per minute being far less than the code required 165 gallons per minute when calculated and specified by code as such:

19,800 gallons of water / 2 hour turnover rate / 60 minutes = 165 gallons per minute.

It is hard to believe that 748 gallons of water dictates the flow rate for 19,800 gallons. Even if the wading area were to be taken from the equation, and we treated that portion as part of the pool, the required flow rate would be:

25,000 gallons of water / 6 hour turnover rate / 60 minutes = 69 gallons per minute.
This is 2.5 times less the pumping capacity per the "Pool with Wading Area" requirement.

Calculated, the wading area consists of less than 4% of the water circulated in the pool leaving 96% of the remaining water to be circulated in 2 hours. If the intention is to move water at a quicker rate away from the wading area, why can't the existing valves do the work? There are (2) floor returns in the wading area that are piped separate from the (10) returns to the rest of the pool. They can be adjusted (and checked with separate flow meters) based on the following:

1000 East 80th Place, Suite 600 North, Merrillville, Indiana 46410
Tel: 219-736-7770 Fax: 219-736-7774
www.whitecopoolsolutions.com

19,052 gallons (non wading volume) / 6 hour turnover rate / 60 minutes = 53 gallons per minute

748 gallons (wading volume) / 16 minutes turnover rate / 60 minutes = 46 gallons per minute

Total gallons pumped per minute

99 gallons per minute

The current circulation pump installed is a Hayward TriStar SP3215 EE, 1 ½ hp Energy Efficient, High-Performance Pump that pumps 100 gallons per minute at 60 TDH per performance curve. The pump that would be needed to move the volume of water stated in the citation would need to be a 5 hp unit, which for all practical purposes is way too big for this small pool.

In the last 2 years, Gilliana Pools has had the fortunate opportunity to build in the State of Kentucky. The sample calculations above are used in the State of Kentucky (**902 KAR 10:120. Kentucky Public Swimming and Bathing Facilities**) and by the *Environmental Engineering Coordinator Louisville Metro Department of Public Health and Wellness*:

Section 9. Facility Water Treatment Systems.

(2) Pumping equipment.

(a) The recirculation pump and motor shall deliver the flow necessary to obtain the turnover required in the table below. A valve for flow control shall be provided in the recirculation pump discharge piping.

Turnover Rate. The turnover rate shall be as shown in the following table:

Type of Facility	Turnover Required
Diving Pools	8 hours or less
Wading Pools, Spas	30 minutes or less
Water Slides, Handicap Pools	2 hours or less
All Other Pools	6 hours or less

Each area of the body of water is calculated separately and valved. This works very well.

We would hope that the variance request is granted and that the circulation pump that has been installed remain in place.

We feel a literal compliance of **410 IAC 6-2.1-32 Recirculation- Section 32 (b)** would cause undue hardship and the requested variance will not seriously affect the safe and healthful

operation of the pool. Not only would the circulation pump need replacing, but the filtration system would also need to be larger and replaced.

We further feel the variance request can comply with the basic intent of the above requirements and that no safety and health hazard would be created if granted and, that the cited example be considered as a viable solution to the violation.

Please contact me if you have any questions as we look forward to your response.

Respectfully,

A handwritten signature in black ink, appearing to read 'Jason Gilliana', with a long horizontal stroke extending to the right.

Jason Gilliana
Gilliana Pools LLC