



**Environmental Management Department
Recreational Health Plan Review Application
Minor Remodel / VGB Drain Cover Replacement(s)**

OFFICE USE ONLY

PE:	FEE:
ACCOUNT #:	
DATE PAID:	
RECEIPT #:	

Submit this form to the Sacramento County Environmental Management Department (EMD) located at 11080 White Rock Rd, Ste 200, Rancho Cordova, CA. 95670. Contact EMD Plan Review at (916) 874-6010 or email us at ehplanreview@sacounty.gov if you have questions or need additional submittal instructions.

Note: EMD Plan Review application and approval will expire one year after the date of submittal.

SRH:	FA:	PR:	CT:	ASSIGNED TO:
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Name of Facility:	Ph #:	
Site Address:	City:	Zip:
Contractor/Plan Contact:	Ph #:	
Email:	License #:	Lic. Type (A, C36, C53, C61/D35):

PE 1725 – Minor Remodel With Inspection: Total equipment replacement, modifications to plumbing, sumps, enclosure, decking, or ancillary facilities.	\$ 572.00 (Includes initial review, 2 resubmittals, 1 inspection)
PE 1726 – Minor Remodel Without Inspection: Replacing multiple pieces of equipment, replacing suction covers, no plumbing or sump modifications.	\$ 191.00 (Includes initial review, 2 resubmittals)
PE 1727 – Single Equipment Replacement: Replacing single piece of equipment.	\$ 175.00 (Includes initial review, 2 resubmittals)

INSTRUCTIONS WHEN SUBMITTING:

Use this form for **REMODEL WORK, EQUIPMENT CHANGES, REPLASTERING and DRAIN COVER REPLACEMENTS.**

- Complete all sections with the appropriate information. ***Incomplete forms will NOT be accepted.***
- Submit one form for each body of water.
- Attach specification sheets and supporting documents.
- **NOTE: Fees not paid within 30 days of requested payment will result in cancellation of submittal.**

CHECK ONE:	POOL	SPA	WADER	SPRAYGROUND	OTHER
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Facilities with multiple bodies of water, specify designated body of water:

SCOPE OF WORK (check all that apply):

Include all modifications, upgrades, and additions that will be done during the renovation regardless of whether multiple contractors are performing the work. Please note, the scope of work may require additional plan submittal.

Resurfacing	Splitting suction outlets	Equipment addition/change
Waterline tile	Drain cover replacement	Relocation of equipment
Trim tile	Pump replacement	Coping (provide detail)
Depth markers	Skimmers replacement	Decking
Breakline tile @ 4 ½ foot depth	Replace/modify plumbing	Fencing (provide fence plans)
Hand rails (provide detail)	Elim. EQ. Lines/Autofill	Solar System install w/ pump
Deep end exit ladder/grab rails	Sump Install/modify sump	Depth changes

DIAGRAM / DESCRIPTION: Draw Top View schematic diagram showing the plumbing layout and equipment layout. Include all plumbing modifications. Include a Side View of the hand rail and stairs, include dimensions.

SRH:	FA:	PR:	_____ POOL	SPA	WADER	SPRAYGROUND	OTHER
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GENERAL POOL / SPA INFORMATION

Total Gallons:	Turnover Rate (gpm):	Turnover Time (hrs./min.):
# of Skimmers:	Autofill: Yes No	Sanitizer Requirement: (gal./day, lbs./day)
Filter:	(gpm) Sanitizer:	(gal./day, lbs./day)
Notes:		

Recirculation Pump	Make:	Model:	Quantity:
Existing New	HP:	Max Flow Rate @ 60TDH (gpm):	
Main Drain Configuration	Single Main Drain w/ SVRS	Unblockable Main Drain	
Existing New	Split Main Drain > 3 feet	Split Main Drain < 3 feet w/SVRS	
Main Drain Suction Covers	Make:	Model:	Quantity:
Floor Wall	Cover Rating (gpm):	T Pipe Size (in.):	(gpm) Sump Depth (in.):
Equalizer Configuration	Single Equalizer Line	Single Equalizer Line (plugged)	Shared under MD cover
Existing New	No Equalizer Lines w/ Auto-Fill	Split Equalizer Lines > 3 feet	
Equalizer Covers	Make:	Model:	Quantity:
Floor Wall	Cover Rating (gpm):	T Pipe Size (in.):	(gpm) Sump Depth (in.):
Recirculation SVRS	Make:	Model:	
Jet / Feature Pump	Make:	Model:	Quantity:
Existing New	HP:	Max Flow Rate @ 40TDH (gpm):	
Jet / Feature Configuration	Single Jet Suction w/ SVRS	Unblockable Jet Suction	Shared under MD cover
Existing New	Split Jet Suction > 3 feet	Split Jet Suction < 3 feet w/ SVRS	
Jet / Feature Covers	Make:	Model:	Quantity:
Floor Wall	Cover Rating (gpm):	T Pipe Size (in.):	(gpm) Sump Depth (in.):
Jet / Feature SVRS	Make:	Model:	

SUBMIT AB-1020 COMPLIANCE FORM TO EMD PLAN REVIEW WITHIN 30 DAYS TO COMPLETE CERTIFICATION.

PLAN REVIEW COMMENTS (OFFICE USE ONLY)

Application Approved By:

Date: