Perspective, Hope, and Opportunity

Placer County
Health and Human Services Department

Placer County Environmental Health Application for Recreational Health Minor Remodel[1] Plan Review

Please complete the following form and FAX, mail or hand deliver to Placer County Environmental Health. We are locate at 3091 County Center Drive, Auburn CA. 95603. We can be reached at 530-745-2300 or fax # 530-745-2370.

Name of Recreational Health Facility (dba):	
Address and phone number of Facility:	
City, State, Zip Code:	
Year Pool Built:	
If multiple pools, spas, and/or wading pools are on site, identify which one is to be remodeled.	

OFFICE USE ONLY: ☐ Minor Remodel ☐ Single Equipment

SIZE OF POOL, SPA OR WADING POOL

Gallonage:	(Surface area)_____ x (avg. Depth) _____ x 7.48gal./cu.ft. = _____ gallons
Turnover rate:	Pool: (gallons) / 360 minutes = _____gpm Spa: (gallons) / 30 minutes = _____gpm Wading pool: (gallons) / 60 min. = _____gpm

EQUIPMENT		APPROVED ON FILE *(OFFICE USE ONLY)*	EXISTING or NEW
FILTER:	Make and Model:		
	Type:		
PUMP:	Make and Model:		
	H.P.:		
SANITIZER:	Make and Model:		
	Type:		
FLOWMETER:	Make and Model:		

ADDITIONAL INFORMATION
NUMBER OF SKIMMERS:
SUCTION PLUMBING SIZE:
RETURN PLUMBING SIZE:

[1] Minor remodel means remodeling of less than 30% of the pool, spa or wading pool structural area or equipment alterations, excluding replacement of like equipment solely for repair purposes. If you have questions on whether your work falls into this category call 530-745-2300 for clarification.

Community Development and Resource Agency Building, 3091 County Center Drive, Suite 180, Auburn, CA 95603
530.745-2300 ● www.placer.ca.gov ● fax 530.745-2370

Proposed Filter cleaning options:

☐	Cartridge filters	Provide a curbed area that flows into a sanitary sewer. Location: _____
☐	Sand filters	Provide an approved sanitary sewer connection with air gap. Waste line size:_____; Sump Size: _____
☐	Diatomaceous filters	Provide separation tank Make: _____; Model: _____

Schematic diagram of proposed equipment layout:

Description of additional changes (i.e., plumbing, electrical, structural, etc.):

Company or individual doing work:

Name:	
Address:	
Phone and FAX number(s):	
Contractor's License number:	

Minor remodel approved by:	Date:

Comments:

A fee will be charged for the plan review of this application. Contact (530) 745-2300 for more information.

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