Placer County
Health and Human Services
Environmental Health

Amount Paid $	
Date Paid	
Receipt #	
Check#	
CC Auth #	

Plan Review Application for Recreational Health Facility

(Fill out one application per pool, spa, wading pool or water feature)

☐ **New Construction** ☐ **Major Remodel** ☐ **Minor Remodel** ☐ **Equipment Only**

Name of Facility: _____
Address of Facility: _____
If multiple pool/spa/spray on site, identify which one is to be remodeled: _____

Owner's Name: _____ **Manager's Name:** _____
Owner's/Manager's Phone # _____ **Email:** _____
Owner's Address: _____

Contact Person for Plans: _____
Phone #: _____ **Fax:** _____ **Email:** _____
Mailing Address: _____

REMINDERS: *Only one set of plans is required, all plans must be easily readable and drawn to scale (**min ¼" per ft. for pool or min of I" per ft. for spa**), Also include all equipment description sheets with your submittal. You will be notified when your plans are approved or as to the status of your submittal. Incomplete plans are put on hold until all requested information is received.* ***Minor remodel means remodeling of less than 30% of the pool, spa, and spray grounds structural area or equipment.***

Size of Pool, Spa, Wading Pool or Spray Grounds:

Surface Area:

Rectangle or Square (length) _____X (width) _____= _____ sq. ft.
Circle (Spa): 3.14 X (radius) _____ X (radius) _____ = _____ sq. ft.
Oval: 3.14 X (center width/minor axis) _____X (center length/major axis) _____ = _____sq. ft.
Kidney: (small width) _____+(large width) _____X (length) _____X 0.45 =_____sq. ft.

Volume:

Surface Area _____ X Ave depth _____ X7.48 gal/cu ft. = _____ gallons

Turnover Rate:

Pool: Volume in gallons/360 minutes = _____ GPM
Wading Pool: Volume in gallons/60 minutes = _____ GPM
Spa/Spray Ground: Volume in gallons/30 minutes = _____ GPM

EQUIPMENT	EXISTING	NEW
Filter: Make and Model: Type:		
Sanitizer: Make and Model: Type:		
Pump: Make and Model: HP:		
Jet Pump Make and Model:		
UV Disinfection Make and Model:		
Chemical Controller Make &Model:		
Flowmeter Make & Model:		

OW_____ **FA**_____ **PR**_____ **PE** _____ **INV**_____

ADDITIONAL INFORMATION:

Number of Skimmers:			
Suction Plumbing Size	**Main Drain:**	**Skimmers(s):**	**Jets(SPA)**
Return Plumbing Size	**Recirculation:**	**Jets(SPA)**	
Suction Cover(s)	**Main Drain:**	**Equalizer Line:**	
Main Drain: (circle one) ***single*** ***dual/split***		**Equalizer Line(s)** (circle one) ***single*** ***dual/split***	

TYPES OF FILTERS: circle one	**Cartridge Filters**	**Sand Filters** (circle type) **(Rapid SF or High Rate)**	**Diatomaceous Filters** **(Pressure or Vacuum type)**
Flow Rates			
Cleaning Backwash Area or separation tank provided and connected to the sewer **(YES or NO)**			

Schematic Diagram of proposed equipment layout: (Attach additional plan as necessary)

Describe any additional changes or scope of work (i.e. plumbing, VGB, structural, bathroom, etc...) _____

_____

_____

_____

_____

Business or individual doing the work:

Contractor(s) Name: _____

Contractor(s) License#:_____

Business Name: _____

Email Address: _____

Business Address: _____

Contact # phone/fax: _____

BELOW IS FOR OFFICIAL USE ONLY:

Department Comments ☐ **Approved** ☐ **Denied** ☐ **Other Condition(s)**

_____

REHS Signature: _____ **Date:**_____