



FOR OFFICE USE ONLY	
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Department of Health and Human Services, Environmental Health Division
 Auburn Office: 3091 County Center Drive, Suite 180, Auburn, CA 95603 (530) 745-2300
 Tahoe Office: 775 N Lake Blvd, Suite 203, Tahoe City, CA 96145 (530) 581-6240

PLAN REVIEW APPLICATION FOR RECREATIONAL HEALTH FACILITY

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

New Construction
 2nd Pool New
 Remodel (0973)
 Equipment/Replaster(0972)
 VGB Only (0974)

FACILITY DETAILS:

Name: _____

Physical Address: _____

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

OWNER DETAILS:

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

MANAGER DETAILS:

Name: _____

Phone: _____ Email: _____

CONTACT PERSON FOR PLANS:

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

REMINDERS: Only one set of plans is required. All plans must be readable and drawn to scale (min ¼" per ft. for pool or min of 1" per ft. for spa). Also include all equipment description sheets with 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) _____ 3.14 X (radius) _____ = _____ sq. ft.
 Oval: 3.14 X (center width/minor axis) _____ 3.14 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 _____ X 7.48 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:

Filter Make/Model: _____	Type: _____	<input type="checkbox"/> Existing	<input type="checkbox"/> New
Sanitizer Make/Model: _____	Type: _____	<input type="checkbox"/> Existing	<input type="checkbox"/> New
Pump Make/Model: _____	Type: _____	<input type="checkbox"/> Existing	<input type="checkbox"/> New
Jet Pump Make/Model: _____		<input type="checkbox"/> Existing	<input type="checkbox"/> New
UV Disinfection Make/Model: _____		<input type="checkbox"/> Existing	<input type="checkbox"/> New
Chemical Controller Make/Model: _____		<input type="checkbox"/> Existing	<input type="checkbox"/> New
Flowmeter Make/Model: _____		<input type="checkbox"/> Existing	<input type="checkbox"/> New

Number of Skimmers: _____

Suction Plumbing Size: _____ Main Drain: _____ Skimmer(s): _____ Jets (SPA) _____

FA _____	PR _____	PE _____	SR _____	INV _____
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Return Plumbing Size: _____ Recirculation: _____ Jets (SPA) _____
 Suction Cover(s): _____ Main Drain: _____ Equalizer Line: _____
 Main Drain: Select one Single Dual/Split Equalizer Line(s): Select one Single Dual/Split

TYPES OF FILTERS:

Circle one:	Cartridge Filters	Sand Filters	Diatomaceous Filters
Circle, type:		Rapid SF or High Rate	Pressure or Vacuum
Flow Rates:	_____	_____	_____
Cleaning Backwash Area or separation tank provided and connected to the sewer (YES or NO)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ Phone/Fax: _____

Business Address: _____

Below for Office Use Only

Approved Denied Other Condition(s)

REHS Signature: _____

Date: _____