



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 (c35, c35, c61, d36): _____

- | | |
|--|---|
| <input type="checkbox"/> PE 1725 – Minor Remodel With Inspection: Total equipment replacement, modifications to plumbing, sumps, enclosure, decking, or ancillary facilities. | \$ 607.00
(Includes initial review, 2 resubmittals, 1 inspection) |
| <input type="checkbox"/> PE 1726 – Minor Remodel Without Inspection: Replacing multiple pieces of equipment, replacing suction covers, no plumbing or sump modifications. | \$ 203.00
(Includes initial review, 2 resubmittals) |
| <input type="checkbox"/> PE 1727 – Single Equipment Replacement: Replacing single piece of equipment. | \$ 186.00
(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

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.

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

SR: _____ FA: _____ PR: _____ ☐ POOL ☐ SPA ☐ WADER ☐ SPRAYGROUND ☐ OTHER

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