



PE: _____ \$: _____ Date Paid: _____ Account #: _____ Receipt #: _____ County BID #: _____
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SR: _____ FA: _____ PR: _____ CT: _____ PE: _____

Email: _____ Ph #: _____

(Includes initial review, 2 resubmittals)

SCOPE OF WORK (check all that apply): ☐ Replastering ☐ Splitting Main Drain ☐ Splitting Jet/Booster Suction
☐ Splitting Equalizer Lines ☐ Installing / Modifying Sumps ☐ Installing Auto-Fill ☐ Sealing Equalizer Lines
☐ Replacing Filter (provide make/model #) ☐ Replacing Recirculation Pump ☐ Replacing Jet / Feature Pump
☐ Adding / Replacing Chemical Controller (provide make/model #) ☐ Replacing Chemical Feeder (provide make/model #)
☐ Replacing Suction Covers (same make/model #) ☐ Replacing Suction Covers (different make/model #) ☐ Re-decking
☐ Replacing Gate / Fencing ☐ Modifying Ancillary Facilities ☐ Replacing Hand Rails ☐ Replacing SVRS
☐ Replacing Depth Markers ☐ Other:

DIAGRAM / DESCRIPTION:

SR: _____ FA: _____ PR: _____ CT: _____ PE: _____

GENERAL POOL / SPA INFORMATION

☐ Pool ☐ Spa ☐ Wading Pool ☐ Spray Ground ☐ Other: _____

Which pool/spa is to be remodeled? (facilities with multiple bodies of water): _____

Total Gallons: _____ Turnover Rate (gpm): _____ Turnover Time (hrs/min): _____

Flow Meter Reading (gpm): _____ # Skimmers: _____ Auto-Fill: ☐ Yes ☐ No

AB-1020 COMPLIANCE REVIEW (REQUIRED WHEN CHANGING PLUMBING, PUMPS, SUCTION COVERS, OR SVRS)

Recirculation Pump <input type="checkbox"/> Existing <input type="checkbox"/> New	Make: _____ Model: _____ Quantity: _____ HP: _____ Max Flow Rate @ 60TDH (gpm): _____ Pipe Size (in): _____
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 \geq 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): _____ 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"/> No Equalizer Lines w/ Auto-Fill <input type="checkbox"/> Split Equalizer Lines \geq 3 feet
Equalizer Covers <input type="checkbox"/> Floor <input type="checkbox"/> Wall	Make: _____ Model: _____ Quantity: _____ Cover Rating (gpm): _____ T Pipe Size (in): _____ 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): _____ Pipe Size (in): _____
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"/> 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): _____ 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)

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Application Approved By: _____ Date: _____