

**County of Sacramento**  
**Environmental Management Department**  
**Environmental Health Division**  
**Application for Recreational Health**  
**Minor Remodel<sup>1</sup> Plan Review**

OFFICE USE ONLY
<input type="checkbox"/> PE 1745 ( \$479 review & inspection)
<input type="checkbox"/> PE 1746 ( \$159 review only)
Date Received: _____
Date Paid: _____
Receipt No: _____

Please complete the following form and email, fax, mail or hand deliver to Sacramento County Environmental Management Department, Environmental Health Plan Review Office. Location: 10590 Armstrong Ave, Mather, CA 95655-4153, Email: [emd-ehplanreview@saccounty.net](mailto:emd-ehplanreview@saccounty.net), Telephone: (916) 874-6010, Fax: (916) 874-6825.

SR: _____	FA: _____	PR: _____	CT: _____
Facility Name: _____		Owner/Operator: _____	
Address: _____		City: _____	Zip: _____
Phone: _____	Fax: _____	Email: _____	
Contractor Name: _____		Lic #: _____	Type (C53, C36, C61, D35): _____
Contact Name: _____	Phone: _____	Email: _____	

**GENERAL POOL/SPA INFORMATION**

<input type="checkbox"/> Pool	<input type="checkbox"/> Spa	<input type="checkbox"/> Wading Pool	<input type="checkbox"/> Spray Ground	<input type="checkbox"/> Other: _____
Which pool/spa is to be remodeled? (facilities with multiple bodies of water): _____				
Gallons (Gal): _____	Turnover Rate (Hrs): _____	Flow Rate (GPM): _____		
Suction Plumbing Size (In): _____	Main Drain: _____	Skimmers: _____	Jet/Booster: _____	
Return Plumbing Size (In): _____	Recirculation: _____	Jet/Booster: _____		
# Skimmers: _____	<input type="checkbox"/> Combined Skimmer Suction	<input type="checkbox"/> Isolated/Valved Skimmer Suction		

**EQUIPMENT INFORMATION**

	APPROVED EQUIPMENT (OFFICE USE ONLY)	EQUIPMENT CHANGE / UPDATE
<b>Recirculation Pump</b>	Make: _____ Model: _____ HP: _____ GPM: _____	Make: _____ Model: _____ HP: _____ GPM: _____
<b>Jet/Booster Pump</b>	Make: _____ Model: _____ HP: _____ GPM: _____	Make: _____ Model: _____ HP: _____ GPM: _____
<b>Filter</b>	Make: _____ Model: _____ Type: _____ GPM: _____ Cleaning Method: _____	Make: _____ Model: _____ Type: _____ GPM: _____ Cleaning Method: _____
<b>Sanitizer</b>	Make: _____ Model: _____ Type: _____ Lbs/Day: _____	Make: _____ Model: _____ Type: _____ Lbs/Day: _____

<sup>1</sup>Minor remodel mean remodeling of less than 30% of the pool, spa, or wading pool including structural and equipment alterations. Scope of work involving more than 30% constitutes major remodel and may require plan submittal. Applications for minor remodel expire one year after the date submitted. Contact EMD Plan Review at 916-874-6010 for additional information.

**SCOPE OF WORK**

DESCRIPTION	DIAGRAM

**VGB CERTIFICATION**

(REQUIRED IF SCOPE OF WORK INCLUDES CHANGES TO PUMP, PLUMBING, OR SUCTION COVERS)

<b>Main Drain Configuration</b> <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)
<b>Main Drain Covers</b> <input type="checkbox"/> Floor <input type="checkbox"/> Wall	Make: _____ Model: _____ Cover GPM: _____ Pump GPM: _____ Sump (In): _____
<b>Recirculation SVRS</b>	Make: _____ Model: _____
<b>Jet/Booster Configuration</b> <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)
<b>Jet/Booster Covers</b> <input type="checkbox"/> Floor <input type="checkbox"/> Wall	Make: _____ Model: _____ Cover GPM: _____ Pump GPM: _____ Sump (In): _____
<b>Jet/Booster SVRS</b>	Make: _____ Model: _____
<b>Equalizer Configuration</b> <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 ( ≥ 3 feet)
<b>Equalizer Covers</b> <input type="checkbox"/> Floor <input type="checkbox"/> Wall	Make: _____ Model: _____ Cover GPM: _____ Pump GPM: _____ Sump (In): _____

**SUBMIT CA STATE VGB FORM TO EMD PLAN REVIEW WITHIN 30 DAYS TO COMPLETE CERTIFICATION**

**COMMENTS (OFFICE USE ONLY)**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_