



Site# _____

Department of
Resource Management
675 Texas Street, Suite 5500
Fairfield, California 94533-6341
www.solanocounty.com
(707)784-6765

SPA PLAN CHECK APPLICATION

New Construction Remodel Minor Alteration

PROJECT DESCRIPTION: _____

Name of Facility: _____ Phone number _____

Facility's Address: _____

Owner: _____ Phone number: _____

Mailing address: _____

Contractor: _____ Phone number: _____

Contact email address _____

Title 22 of the California Administrative Code requires plan submittal for the construction, reconstruction, or altering of a spa pool, auxiliary structure, or equipment room.

Plan submittal shall include:

1. Complete Swimming Pool Plan Submittal Application and Supplemental Spa Data (attached pages)
2. At least two sets of plans drawn to scale (1/4" = 1 foot) containing the following:
 - **Spa plan** in plan view (overhead) and longitudinal section (lengthwise cross section) including: depths and dimensions, depth markers, step dimensions, underwater lights, handrails and ladders, rope anchors
 - **Plumbing plan** including: main drains, skimmer or gutter system, pipe layout & sizes and return inlets
 - **Equipment room plan** including: sump, equipment & plumbing layout, walls & roof, floor material, slope and drain
 - **Site plan** including: pools, showers, fences & gates, drinking fountain, deck slope and drainage, showers, restroom facilities, hose bib, drinking water fountain & deck lighting
3. Manufacturer Specifications for al equipment, including: pumps, filters, chemical feeders, heaters, flow meters, ladders, hand rails, skimmers, drain grates, and hydrostatic relief valves.
4. CDPH Compliance Form (attached). **MUST BE FILED WITH THIS DEPARTMENT WITHIN 30 DAYS FOLLOWING THE COMPLETION OF THE SPA CONSTRUCTION.**

Office use only

Plan Check Fee \$ _____ Paid Yes No Receipt # _____

E.H. Specialist _____ Date Received _____ Date Approved _____

Please provide the following information to complete the supplemental pool data form:

SUPPLEMENTAL SPA DATA

1. SPA DIMENSIONS

- A. Length _____
- B. Width _____
- C. Diameter _____
- D. Area _____ sq ft. (max. allowed 250 sq. ft.)
- E. Maximum depth _____ (max. allowed 4 ft.)
- F. Capacity _____ gallons

2. SPA SHELL

- A. Pool shell construction material _____
- B. Pool shell thickness _____
- C. Pool shell finish material _____
- D. Pool shell finish thickness _____
- E. Color _____, light shade? Yes No
- F. Design markings resembling human form on bottom or sides. Yes No
- G. Shell is free of projections or recessed areas. Yes No
- H. Bench and step edges have contrasting color marking. Yes No
- I. Water depth over benches does not exceed 24". Yes No

3. RETURN INLETS

- A. Number of inlets _____
- B. Size of inlets _____
- C. Inlets adjustable _____
- D. Make and model of inlet fittings _____
- E. Cut sheet attached Yes No

4. OUTLET BOTTOM DRAINS

- A. at least two main drains per pump that are hydraulically balanced and systematically plumbed through one or more "T" fittings and that are separated by a distance of at least three feet in any dimension between the drains Yes No
- B. anti-body entrapment cover: make and model _____
- C. size of piping _____

5. PLUMBING SIZE

- A. Pump suction side: _____ inches
- B. Pressure side: _____ inches

6. RECIRCULATION PUMP

- A. Make/Model _____
- B. Horsepower _____
- C. Number of pumps _____
- D. Ft. of head in system _____
-Number of 90° bends on recirculation system _____
-Number of 45° bends on recirculation system _____
- E. GPM @ system head loss _____
- F. Turnover rate _____
- G. Hair & lint strainer provided Yes No
- H. Cut sheet attached for pump and hair and lint strainer. Yes No

7. FILTER

- A. Type _____
- B. Make/model _____
- C. Area in sq. ft. _____
- D. Number of filters _____
- E. Cut sheet attached Yes No

10. CHLORINATION OR DISINFECTION UNIT

- A. Type of unit ____ liquid ____ erosion
- B. Make/model _____
- C. Capacity equivalent to _____ lbs. chlorine/day
- D. Type of disinfectant used: chlorine bromine other
- E. Cut sheet attached Yes No

11. SKIMMER SYSTEM

- A. Number of skimmers _____
- B. Make/model _____
- C. gutter system with surge tank at _____ gallons
- D. make/model of replacement equalizer line covers _____
- C. Cut sheet attached Yes No

12. FLOWMETER

- A. Number of flow meters _____
- B. Make/model _____
- C. Cut sheet attached Yes No

13. SPA STEPS/STAIRS/LADDERS/RAILS

- A. Riser height of stair _____
- B. Number of safety rails required _____
- C. Height of rail above deck _____ inches.
- D. Cut sheet attached for rails Yes No

14. DEPTH MARKERS (check where located)

- A. _____ Maximum depth
- B. _____ Vertical wall of spa
- C. _____ On deck surface
- D. _____ Markers are _____ inches in height
- E. _____ Minimum depth

15. DECK

- A. Deck is made of _____
- B. Deck is _____ ft. wide
- C. Deck is _____ ft. wide between pool and spa
- D. Deck is sloped a minimum of _____ inch/ foot away from the spa
- E. Deck drains to _____ storm drain **OR** _____ landscape
- F. No landscaping or planters within 4 ft. of spa Yes No
- G. Handgrips are provided at edge of deck Yes No

16. FENCING

- A. Does fencing enclose spa? Yes No
- B. What is its height _____ ?
- C. Are any openings greater than 4" in any dimension? Yes No
- D. Does the gate have a self-closing self-latching lock? Yes No
- E. Height of latch is at least 42" above deck. Yes No
- F. At least one latch is openable from inside without a key. Yes No
- G. Are there any doors or windows opening into spa enclosure? Yes No
If so, how are they protected against child entry to spa area? _____

17. EQUIPMENT ROOM

- A. The floor is made of _____
- B. Floor is sloped 1/4" per ft. to drain. Yes No
- C. There is easy, unobstructed access to all equipment and gauges, including adequate overhead clearance. Yes No

18. BACKWASH

- A. Backwash water is discharged to _____
- B. Spa water will be emptied to _____ when draining spa.
- C. Provision has been made for disposal of backwash water via air gap. Yes No N/A
- D. Sight glass on discharge pipe if air gap is not visible from equipment room. Yes No N/A

- E. If D.E. filter is used, a separation tank is installed. Yes No N/A
- F. If cartridge filter is used, a utility sink is provided for cleaning filter elements. Yes No N/A

19. CROSS CONNECTIONS

- A. An over-the-rim fill pipe is installed. Yes No N/A
- B. Over-rim fill pipe is guarded against tripping by _____. Yes No N/A
- C. A vacuum breaker or other approved backflow prevention device is installed according to code, with fill pipe below coping. Yes No N/A
- D. There are no direct connections between the potable water supply and the spa and its plumbing. Yes No N/A
- E. There are no direct connections between the spa and its plumbing and the sewage disposal system. Yes No N/A

20. DRESSING ROOMS, TOILET, SHOWER

- A. There is _____ drinking fountain - cut sheet attached. Yes No N/A
- B. Spa users have access to toilet facilities within 300 feet travel distance from spa. Yes No
- C. Public showers, toilets and dressing rooms will be provided Yes No
- D. Total # of bathers is _____
- E. One shower per 50 bathers is provided Yes No
- F. One lavatory per 80 bathers is provided Yes No
- G. Hot water in showers is limited to 110°F, not adjustable by users Yes No
- H. Separate toilet facilities for men and women Yes No

21. SIGNS The following signs will be posted at spa side:

- A. Precaution Sign Yes No
- B. Artificial Respiration Diagram Yes No
- C. Emergency Phone Numbers Yes No
- D. Occupant Load Yes No
- E. Emergency Spa Shutoff Switch Yes No

22. INDOOR SPAS

- A. Indoor spa is properly ventilated according to Section 605, Uniform Building Code. Yes No
- B. Indoor spa ventilation calculations/specifications attached Yes No

23. EMERGENCY SHUT-OFF SWITCH

- A. Emergency shut-off switch provided which terminates both filtration and spa jet/aeration systems. Yes No
- B. Emergency shut off switch is within five

feet of the spa pool.

Yes No

24. HANDICAP ACCESS

A. Provisions are made or accessibility by physically handicapped.

Yes No

25. SPECIAL REQUIREMENTS

A. All dry niche/underwater wet-niche light fixtures are protected by a ground fault interrupter in the branch circuit.

Yes No

DO THE FOLLOWING CALCULATIONS

I. Gallonage Calculation:

A. For Rectangular Spas

$(\text{length} \times \text{width} \times \text{average depth}) \times 7.5 \text{ gal/ft}^3 = \# \text{ of gallons}$

Answer _____

B. For Round Spas

$3.14 \times R^2 \times \text{average depth} \times 7.5 \text{ gal/ft}^3 = \# \text{ of gallons}$

Answer _____

IV. FILTRATION RATE CALCULATIONS

(Complete for your filter type)

A. Rapid sand: $3 \text{ gpm/sf} \times \text{_____} \text{ gpm} = \frac{\text{_____}}{3 \text{ gpm/sf}}$

Answer _____

B. D.E.: $2 \text{ gpm/sf} \times \text{_____} \text{ gpm} = \frac{\text{_____}}{2 \text{ gpm/sf}}$

Answer _____

C. High Rate Sand: $15 \text{ gpm/sf} \times \text{_____} \text{ gpm} = \frac{\text{_____}}{15 \text{ gpm/sf}}$

Answer _____

D. Cartridge - per manufacturer's specifications _____

COMMENTS:

Applicant's Name

Date

Applicant's Phone Number

APPROVED BY

DATE: _____

California Department of Public Health
AB 1020 Compliance Form
Health and Safety Code Section 116064.2

OFFICE USE ONLY

NOTE: Use one form for each pump or multiple pumps under the same suction fitting.

THIS FORM IS INVALID IF ALL SECTIONS ARE NOT COMPLETED.

This form is to be used to verify compliance with modifications pursuant to the new suction hazard prevention law. Under Section 116064.2 of the Health and Safety Code, effective January 1, 2010, the owner of a public swimming pool shall file this form within 30 days following completion of suction hazard prevention modifications.

Site Information

Facility Name: _____ Pool Identification (if more than 1 pool at site): _____
Facility Address: _____ City: _____ State: _____ Zip: _____
Owner Name: _____ Contact Phone Number: _____

Pump Information

Recirculation Pump Jet / Booster Pump
Other Pump Feature Pump
Make/Model _____ H.P. _____ Make/Model _____ H.P. _____

Main Drain (all suction fittings other than skimmer equalizer lines)

Manufacturer of approved suction fitting: _____ Model Number: _____
GPM rating: Floor _____; Wall _____ Installed on Floor Wall
Manufacturer of approved suction fitting: _____ Model Number: _____
GPM rating: Floor _____; Wall _____ Installed on Floor Wall Main drain/Jet suction pipe size is _____ inches.

Skimmer Equalizer line(s)

Manufacturer of approved suction fitting: _____ Model Number: _____
GPM rating: GPM rating: Floor _____; Wall _____ Installed on Floor Wall
Skimmer equalizer line(s) pipe size were found to be _____ inches # of Skimmers: _____
Manufacturer's skimmer equalizer line(s) sump depth requirement in inches is: _____

THE ABOVE HAS BEEN FIELD VERIFIED TO COMPLY WITH MANUFACTURER'S INSTALLATION REQUIREMENTS BY THE INSTALLER.

I declare that I hold an active California State Contractor license # _____ with classification _____ or California State Professional Engineer license # _____, with qualified experience working on public swimming pools and that the information provided above is true to the best of my knowledge.

Contractor/Engineer Name: _____ Company Name: _____
Company Address: _____
City: _____ State: _____ Zip Code: _____
Contractor/Engineer Telephone Number: _____ Cell Phone Number: _____
Contractor/Engineer FAX Number: _____ Email: _____

Contractor/Engineer Signature Contractor/Engineer name (PRINT) Date

For a complete text of the law, visit:
http://info.sen.ca.gov/pub/09-10/bill/asm/ab_1001-1050/ab_1020_bill_20091011_chaptered.pdf