



Site # _____

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

Swimming Pool Plan Submittal Application

New Remodel Minor alteration

PROJECT DESCRIPTION: _____

Facility name _____ Phone number _____

Facility address _____

Owner _____ Phone number _____

Mailing address _____

Contact (architect /agent) _____ Phone number _____

Contact email address _____

Title 22 of the California Code of Regulations requires plan submittal for the construction, reconstruction, or alteration of a swimming pool, auxiliary structure, or equipment.

Plan submittal shall include:

1. Completed Swimming Pool Plan Submittal Application and Supplemental Pool Data (attached pages)
2. At least two sets of plans drawn to scale (1/4" = 1 foot) containing the following:
 - **Pool 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 and 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, and deck lighting.
3. Manufacturer specification sheets for all equipment, including: pumps, filters, chemical feeders, heaters, flow meters, ladders, hand rails, skimmers, drain grates, and hydrostatic relief valves.
4. VGB Compliance Form (attached). **MUST BE FILED WITH THIS DEPARTMENT WITHIN 30 DAYS FOLLOWING THE COMPLETION OF THE SWIMMING POOL 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 POOL DATA

1. TYPE OF POOL (check)

- A. _____ standard (no diving)
- B. _____ standard (diving)
- C. _____ wading
- D. _____ water park attraction
- E. _____ special use
- F. _____ water park attraction

2. POOL DIMENSIONS

- A. length _____
- B. width _____
- C. diameter _____
- D. surface area _____ sq.ft.
- E. depth range _____ ft. to _____ ft.
- F. capacity: _____ gallons
- G. irregular configuration, see plan (check if applicable)

3. POOL SHELL

- A. Pool shell construction material _____
- B. Pool shell thickness _____
- C. Pool shell finish material _____
- D. Pool shell finish thickness _____
- E. Pool shell color _____
- F. Design resembling human form on bottom or sides? Yes No
- G. Free of projections and recessed areas? Yes No
- H. Handholds installed not more than 9" above the water line? Yes No
- I. Type of handhold _____

4. BREAK IN SLOPE MARKING

- A. Pool has a change in slope from shallow to deep water? Yes No
- B. Depth marking line installed at 4½ foot depth? Yes No
- C. Anchors for rope provided at 4 ½ foot depth? Yes No

5. DEPTH MARKERS (check applicable locations):

- A. _____ maximum depth
- B. _____ minimum depth
- C. _____ each end
- D. _____ break in slope
- E. _____ perimeter at 25 ft. increments
- F. _____ vertical wall of pool at water line
- G. _____ on deck surface
- H. _____ markers are _____ inches in height

6. POOL STEPS/STAIRS/LADDERS/RAILS

- A. pool is _____ft. at shallow end
- B. riser height of stair _____
- C. number of safety rails _____
- D. height of rail above deck _____ in.
- E. number of ladders _____
- F. clearance between ladder and pool _____ in.
- G. cut sheets attached for ladders and handrails Yes No

7. DIVING BOARDS

- A. diving boards are provided Yes No
- B. structural strength for applied loads Yes No
- C. hand railings meet specifications Yes No
- D. cut sheets attached Yes No

8. DECK

- A. deck is made of _____
- B. Minimum 4' wide deck around entire pool? Yes No
- C. deck is _____ft. wide between pool and spa Yes No n/a
- D. deck is sloped a minimum of 1/4 inch per foot, away from the pool Yes No
- E. The deck drains to the storm drain landscape other- specify: _____
- F. One or more hose bibs have been provided so that all parts of deck can be reached with not more than 75 feet of hose Yes No
- G. Hose bib(s) are provided with backflow preventer(s) Yes No

9. DRESSING ROOM/TOILET/SHOWER

- A. There is a drinking fountain. Cut sheet attached Yes No
- B. Pool users have access to toilet facilities within 300 feet travel distance from pool 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. A means to limit hot water to 110° F maximum Yes No
- H. Separate toilet facilities for men and women? Yes No

10. FENCING

- A. Does fencing enclose pool? 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 above is at least 42" above deck? Yes No
- F. At least one latch is operable from inside without a key? Yes No
- G. Are there any doors or windows opening into the pool enclosure? Yes No
If so, how are they protected against child entry to pool area? _____

11. SIGNS The following signs will be posted at pool side:

- A. No Lifeguard on Duty Yes No
- B. Artificial Respiration Yes No
- C. No Diving Sign Yes No
- D. Chlorine Gas Yes No
- E. Emergency Phone Numbers Yes No
- F. Pool Occupancy Yes No

12. EQUIPMENT ROOM

- A. The floor is made of _____
- B. Floor is sloped _____ inch per foot to a floor drain Yes No
- C. There is easy access to all equipment and gauges, including adequate overhead clearance Yes No

13. RETURN INLETS

- A. number of inlets _____
- B. size of inlets _____
- C. inlets adjustable Yes No

14. 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-entrapment cover: make and model _____ Yes No
- C. size of piping _____

15. RECIRCULATION PUMP

- A. number of pumps _____ Horse Power of Pump(s) _____
- B. ft. of head in system _____
 - Number of 90° bends on recirculation system _____
 - Number of 45° bends _____
 - Total length of pipe _____
- C. GPM @ system head loss _____
- D. turnover rate (theoretical) = _____ gallons per minute
- E. turnover rate (actual) = _____ gallons per minute

16. FILTER

- A. type _____
- B. make/model _____
- C. total filter area in sq. ft. _____
- D. number of filters _____
- E. Cut sheet attached for recirculation pump Yes No

17. CHLORINATION OR DISINFECTION UNIT

- A. make/model _____
- B. capacity equivalent to _____ lbs. chlorine per day
- C. cut sheet attached Yes No

18. SKIMMER/GUTTER SYSTEM

- A. number of skimmers _____
- B. make/model _____
- C. gutter system with surge tank at _____ gallons
- D. make/model of replacement equalizer line covers _____
- E. cut sheets attached Yes No

19. FLOWMETER

- A. make/model _____
- B. cut sheet attached Yes No

20. BACKWASH

- A. Is backwash water discharged to sanitary sewer Yes No
- B. Pool is drained through the bottom drain to the _____
- C. Provision have been made for disposal of backwash water via air gap to sanitary sewer Yes No
- D. Sight glass in discharge pipe if air gap not visible from equipment room Yes No
- E. If D.E. filter is used, a separation tank is installed? Yes No
- F. If cartridge filter is used, a utility sink is provided for cleaning filter elements Yes No

21. CROSS CONNECTIONS

- A. What type of fresh water fill system is installed? _____
- B. A vacuum breaker or other approved backflow prevention device is installed according to code, with fresh water fill system Yes No

22. SPECIAL REQUIREMENTS

- A. Pool is indoors and will be properly ventilated. Yes No
- B. Indoor pool ventilation calculations/specifications attached Yes No
- C. All underwater wet-niche light fixtures are protected by a ground fault interrupter in the branch circuit Yes No
- D. Vacuum cleaning system provided. Yes No

23. COMPLETE THE FOLLOWING CALCULATIONS

I. Gallonge Calculation

- A. For Rectangular Pools:

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

Answer _____

- B. For Round Pools:

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

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