

*There is an additional amount required when requesting Expedited Plan Check*

*Expedited Plan Check: \_Yes \_No*

*First Response Due: \_\_\_\_\_*

*(7working days)*

**County of Alameda  
Department of Environmental Health**

**PLAN CHECK WORKSHEET**

**Requestor yellow portion only:**

|                                 |                   |
|---------------------------------|-------------------|
| Establishment Name: _____       |                   |
| Street Address: _____           | City + Zip: _____ |
| Requestor/Contact Person: _____ |                   |
| Phone No.: _____                | Fax No.: _____    |
| Owner's Name: _____             | Phone No.: _____  |
| Owner's Address: _____          | City + Zip: _____ |

**For Office Use:**

|                            |                                  |                |
|----------------------------|----------------------------------|----------------|
| Service Request No.: _____ | Food ( )                         | Recreation ( ) |
| Date First Received: _____ | Census Tract: _____              |                |
| Plan Checker: _____        | District E. H. Specialist: _____ |                |

|                                |               |                                  |                     |       |
|--------------------------------|---------------|----------------------------------|---------------------|-------|
| Plan Review Log No. Unit _____ | --            | _____                            | --                  | _____ |
| Program Element: _____         | Fee: \$ _____ | Payment: \$ _____                | Payment Type: _____ |       |
| Hood-Program Element: _____    | Fee: \$ _____ | Expedited-Program Element: _____ | Fee: \$ _____       |       |
| Comments: _____                |               |                                  |                     |       |

**Activity Codes**

**O = Office**

**F = Field**

| CODE | TIME<br>.25/HR. | DATE | ACTIVITY |
|------|-----------------|------|----------|
|      |                 |      |          |
|      |                 |      |          |
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|      |                 |      |          |
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|      |                 |      |          |
|      |                 |      |          |

**When project is completed/terminated, sign here: \_\_\_\_\_ Date: \_\_\_\_\_**

**Circle one of the above**

**Plan Check Worksheet**

# POOL/SPA/WADING POOL FORM – SCOPE OF WORK

|                            |                          |
|----------------------------|--------------------------|
| <b>Pool Facility Name:</b> | <b>Date Submitted:</b>   |
| <b>Facility Address:</b>   | <b>City:</b> <b>PR#:</b> |
| <b>Contact/Contractor:</b> | <b>Phone:</b>            |
| <b>Work Description:</b>   |                          |

**Please complete the following information:**

| SIZE OF POOL, SPA OR WADING POOL                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>GALLONAGE:</b>                                                                                                         | (Surface Area) _____ x (Ave. Depth) _____ x 7.48 gal./cu.ft. = _____ gallons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>TURNOVER RATE:</b>                                                                                                     | <b>POOL:</b> (gallons) / 360 minutes = _____ gpm<br><b>SPA:</b> (gallons) / 30 minutes = _____ gpm<br><b>WADING POOL:</b> (gallons) / 60 min. = _____ gpm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| EQUIPMENT* PLEASE COMPLETE                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>FILTER:</b>                                                                                                            | Make and Model: _____<br>Type: (circle one)      Sand                      D.E.                      Cartridge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>PUMP:</b>                                                                                                              | Make and Model: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>BOOSTER:</b>                                                                                                           | H.P.: _____<br>Make and Model: _____<br>H.P.: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>SANITIZER:</b>                                                                                                         | Make and Model: _____<br>Type: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>FLOWMETER:</b>                                                                                                         | Make and Model: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>DRAIN COVERS:</b><br><br>(Attach manufacturer spec. sheets for approval)<br><br>Make, Model and Expiration Date: _____ | Number of Drains: <input type="checkbox"/> one <input type="checkbox"/> two <input type="checkbox"/> Other (specify #): _____<br>Split drains at least three feet apart and hydraulically balanced <input type="checkbox"/> Yes <input type="checkbox"/> No<br><div style="border: 1px solid black; height: 30px; margin-top: 10px;"></div> <p><b>Check which applies:</b></p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Anti-entrapment drain cover(s): _____<br/> <input type="checkbox"/> Safety Vacuum Release System<br/> <input type="checkbox"/> Gravity Drainage System<br/> <input type="checkbox"/> Other Systems           </div> <div> <input type="checkbox"/> Suction Limiting Vent System<br/> <input type="checkbox"/> Automatic Pump Shut Off System           </div> </div> |
| <b>EQUALIZER LINE COVERS:</b><br>(Attach manufacturer spec. sheets for approval)<br>Make and Model Expiration Date: _____ | <div style="border: 1px solid black; height: 30px; margin-top: 10px;"></div> <div style="border: 1px solid black; height: 30px; margin-top: 10px; text-align: right;">Size: _____</div> <p><b>Check which applies:</b>    <input type="checkbox"/> VGBA compliant    <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ADDITIONAL INFORMATION                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>NUMBER OF SKIMMERS:</b>                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>SUCTION PLUMBING SIZE:</b>                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| SKIMMER: _____    MAIN DRAIN: _____    COMBINED (i.e. only one suction line): _____                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>RETURN PLUMBING SIZE:</b>                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

***\*Install all equipment according to manufacturer's specifications.***

## POOL/SPA/WADING POOL FORM – SCOPE OF WORK

### PLEASE COMPLETE

#### PROPOSED FILTER CLEANING OPTIONS:

☐ Cartridge filters

Provide a curbed area that flows into a sanitary sewer.

Location: \_\_\_\_\_

☐ Sand filters

Provide an approved sanitary sewer connection with air gap.

Waste line size: \_\_\_\_\_ Sump Size: \_\_\_\_\_

☐ Diatomaceous filters

Provide separation tank

Make: \_\_\_\_\_ Model: \_\_\_\_\_

**Schematic diagram of proposed pool layout (show location of skimmers, drains, handrails, etc.):**

***A fee will be charged for the plan review of this application. Contact (510) 567-6700 for more information.***

APPROVED BY:

DATE: \_\_\_\_\_

California Department of Public Health  
Compliance Form

Anti-Entrapment Devices and Systems  
for Public Pools and Spas

OFFICE USE ONLY

Health and Safety Code Sections 116064.1 and 116064.2

NOTE: Use one form for each pump or multiple pumps under the same drain cover.

ALL SECTIONS OF THIS FORM MUST BE COMPLETED.

This form is to be used to verify compliance with modifications pursuant to the new Health and Safety Code sections 116064.1 and 116064.2. Under Section 116064.2 (a) 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 the completion of construction or installation of anti-entrapment devices or systems in swimming pools. Contact your local Environmental Health Department and Building Department for any necessary plan approval and permits prior to construction or remodel.

**Site Information**

Facility Name: \_\_\_\_\_ Pool Identification (if more than 1 pool/spa at site): \_\_\_\_\_  
Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Owner's Phone Number: \_\_\_\_\_  
Owners Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_  
Pool constructed on or after January 1, 2010?: ☐ Yes ☐ No

**Pump Information**

☐ **Recirculation Pump** Make/Model \_\_\_\_\_ H.P. \_\_\_\_\_  
☐ **Other Pump:** \_\_\_\_\_ Make/Model \_\_\_\_\_ H.P. \_\_\_\_\_  
☐ **Jet / Booster Pump** Make/Model \_\_\_\_\_ H.P. \_\_\_\_\_  
☐ **Feature Pump** Make/Model \_\_\_\_\_ H.P. \_\_\_\_\_

**Main Drain (Includes All Suction Outlets Except Skimmer Equalizer Lines)**

Manufacturer of approved drain cover: \_\_\_\_\_ Model Number: \_\_\_\_\_ Install date \_\_\_\_\_  
GPM rating: Floor \_\_\_\_\_ Wall \_\_\_\_\_ Installed on ☐ Floor ☐ Wall  
Manufacturer of approved drain cover: \_\_\_\_\_ Model Number: \_\_\_\_\_ Install date \_\_\_\_\_  
GPM rating: Floor \_\_\_\_\_ Wall \_\_\_\_\_ Installed on ☐ Floor ☐ Wall Main drain/Jet suction pipe size is \_\_\_\_\_ inches.

**Check One:**

- ☐ Split main drain(s) (Minimum 3 ft. between covers, hydraulically balanced and symmetrically plumbed)  
☐ Single drain – Unblockable (size and shape that a human body cannot sufficiently block to create a suction entrapment)  
☐ Single drain – Not unblockable (one of the following secondary devices required: safety vacuum release system, suction limiting vent system, gravity drainage system, auto pump shut-off system, or other equally or more effective system approved by enforcement agency)  
Type of secondary device installed: \_\_\_\_\_ Install date \_\_\_\_\_  
Manufacturer of approved device: \_\_\_\_\_ Model/Part Number: \_\_\_\_\_

Safety vacuum release system bears the following performance standard markings: ☐ ATSM F2387 ☐ ASME/ANSI standard A 112.19.17

**Skimmer Equalizer Line(s)**

Manufacturer of approved suction fitting: \_\_\_\_\_ Model Number: \_\_\_\_\_ Install date \_\_\_\_\_  
GPM rating: GPM rating: Floor \_\_\_\_\_ Wall \_\_\_\_\_ Installed on ☐ Floor ☐ Wall  
Skimmer equalizer line(s) pipe size were found to be \_\_\_\_\_ inches Number of Skimmers: \_\_\_\_\_

**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 a 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. I understand that if I improperly certify this information, I shall be subject to potential disciplinary action at the discretion of the licensing authority in accordance with California Health & Safety Code Section 116064.2.

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

Contractor / Engineer name (PRINT) \_\_\_\_\_ Contractor / Engineer name (SIGNATURE) \_\_\_\_\_ 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](http://info.sen.ca.gov/pub/09-10/bill/asm/ab_1001-1050/ab_1020_bill_20091011_chaptered.pdf)

California Department of Public Health  
Compliance Form

Anti-Entrapment Devices and Systems  
for Public Pools and Spas

Health and Safety Code Sections 116064.1 and 116064.2

**INSTRUCTIONS FOR COMPLETING THE COMPLIANCE FORM**

- Use one form for each pump or multiple pumps under the same drain cover. For example, a spa with a recirculation pump and a jet pump each with their own set of split drains that terminate under a different drain cover will require two forms. However, two pumps with split drains that terminate under the same drain cover will require only one form.
- All sections of the form must be completed.
- Print legibly.
- Return the completed form to your local Environmental Health Department.

I. **Site Information**

- A. Facility name – name of facility or DBA (e.g. Oak Glen HOA, Palms Apartments).
- B. Pool Identification – description of the pool which will identify it when there is more than one pool on the property.
- C. Facility Address – address, city, state, and zip code of the facility where the pool or pools are located.
- D. Owner's name – owner, owner's representative, or corporation name.
- E. Owner's address – address, city, state, zip, and telephone number of the owner or owner's representative.
- F. Indicate if the pool was constructed on or after January 1, 2010.

II. **Pump Information**

- A. Identify the type of pump that is connected to the drain. If two pumps terminate under one set of split drains (e.g. one side of a split suction drain is used for both a recirculation pump and a jet pump), describe both pumps. For each pump, provide the make, model number, and horsepower. Remember, complete a separate compliance form if the additional pump is connected to a different drain cover.

III. **Main Drain (Includes All Suction Outlets Except Skimmer Equalizer Lines)**

- A. Provide the manufacturer; make and model; and the date the drain cover was installed.
- B. Provide the floor and wall flow rating in gallons per minute for the drain cover. Note: If there are two different drain covers (e.g. one on the wall and one on the floor), there is space on the compliance form to complete drain cover information for each drain.
- C. Indicate the size of the pipe terminating at the main drain or jet suction.
- D. Check a box to indicate the configuration of the drain.
  1. **Split Main Drains** - means there are two drains that are hydraulically balanced and symmetrically plumbed and are separated by a distance of at least three feet in any dimension between the suction outlets.
  2. **Single Drain - Unblockable** means there is one drain approved to be unblockable so that a human body cannot sufficiently block it to create a suction hazard.
  3. **Single Drain - Not Unblockable** - means there is a single drain which can be sufficiently blocked by a human body to create a suction hazard. This type of drain must be protected by an approved safety vacuum release system or other equally or more effective system. Provide the type of device installed, manufacturer, model, and indicate which type of performance standard is marked on the device (ASTM F2387 or ASME/ANSI standard A112.19.17).

IV. **Skimmer Equalizer Line(s)**

- A. Provide the manufacturer; make and model; and the date the drain cover was installed.
- B. Provide the floor and wall flow rating in gallons per minute for the drain cover. Note: If there are two different drain covers (e.g. one on the wall and one on the floor), there is space on the compliance form to complete drain cover information for each drain.
- C. Indicate the size of the skimmer equalizer line pipe.
- D. Indicate number of skimmers.

V. **Contractor/Engineer Certification Section**

- A. Enter a valid California State Contractor's license number.
- B. Enter the Contractor's license classification.
- C. Or enter the California State Professional Engineer's license number, if applicable.
- D. Enter the Contractor's- /- Engineer's name and the company they are working for.
- E. Enter the company address, city, state, zip code, telephone number, cell phone number, FAX number, and email for the Contractor- /- Engineer.
- F. Print the name of the Contractor/Engineer.
- G. The Contractor or Engineer must sign the form.
- H. Enter the date the form was signed.