ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY
COLLEEN CHAWLA, Agency Director

DEPARTMENT OF ENVIRONMENTAL HEALTH
1131 Harbor Bay Parkway
Alameda, CA 94502
(510)567-6700 (510)337-9432 (fax)

REQUIREMENTS FOR POOL PLANS

- Provide 3 sets of plans (pools: ¼" per foot; spas 1" per foot) containing:

  Pool Plan (plan view & longitudinal section)
  - lane lines
  - shell construction
  - depths and dimensions
  - steps & benches
  - rope anchors
  - coping
  - line at 4 1/2' depth
  - depth markers
  - underwater lights
  - finish & color
  - handrails & ladders
  - step & bench lines
  - stepholes & grab rails

  Plumbing Plan
  - inlets
  - pipe layout & sizes
  - hydrostatic relief valve
  - grates
  - skimmers & equalizers
  - fill line

  Equipment Room Plan
  - sump
  - time clock
  - hose bib & vacuum breaker
  - water supply protection
  - light
  - valves
  - floor material
  - ventilation
  - floor slope & drain
  - GFCI
  - walls & roof
  - equipment & pipe layout
  - equipment model numbers

  Site Plan
  - pools
  - fences & gates
  - recreation rooms and areas
  - restrooms
  - showers
  - drinking fountain
  - deck slope and drainage
  - deck lighting
  - signs
  - landscaping
  - emergency spa shutoff
  - deck size and finish
  - hose bib
  - handicap lift sleeve
  - building doors & windows around deck

  Vicinity Map showing nearest cross streets

- Provide one set of cut sheets
  - pump
  - skimmer
  - hydrostatic relief valve
  - gauges
  - filter
  - handrails
  - disinfectant feeder
  - ladders
  - GFCI
  - flowmeter
  - drain grates showing open area
  - step holes & grab rails

- Plans must show **all details** relevant to your project mentioned in the CALIFORNIA POOL CODE. Call our Department to purchase a copy.

- Please contact our Department for the appropriate Plan Check Fee and submit it with the plans. Initial plan review may take up to 20 working days. After approval, take 2 stamped plans to local Building Department for their Plan Review & Building Permits.

- Call the Plan Checker in this Department who approved your plans 48 hours in advance for:
  - pre-gunite inspection
  - pre-plaster inspection
  - final inspection (before allowing use)

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 .25/HR.	DATE	ACTIVITY

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

Circle one of the above ***Plan Check Worksheet***