



COUNTY OF NEVADA COMMUNITY DEVELOPMENT AGENCY

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ENVIRONMENTAL HEALTH DEPARTMENT

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<http://mynevadacounty.com>

POOL & SPA RENOVATION WORKSHEET

Please fill out one form for each pool/spa and submit three (3) copies of each.

Name of Facility: _____

Address: _____

Email: _____

Contractor Name: _____

Contractor License #: _____

Facility No. _____

Permit No. _____

Phone: _____

Phone: _____

License Type: _____

Choose One: POOL SPA

Surface Area: _____ Volume: _____ Depth(s): _____

Scope of Work: (Check all that apply)

- Re-surfacing with white plaster (alternate materials must be reviewed and approved, samples required)
- Splitting of the main drain, jet suction lines, equalizer lines (single skimmer system)
- Changing suction outlet covers
- Adding an SVRS System W Make / Model: _____
- Variable speed pumps
 - Suction Pipe Size: _____ Return Pipe Size: _____
 - Filter Make / Model: _____
- Other: _____

Recirculation Pump: Make: _____ Model: _____

Hp: _____ GPM @ 60 ft. Head: _____

Jet System Pump: Make: _____ Model: _____

Hp: _____ GPM @ 60 ft. Head: _____

Jet System Pump: Make: _____ Model: _____

Hp: _____ GPM @ 60 ft. Head: _____

Anti-Entrapment Covers: Note: All main drain/suction outlet covers must comply with ASME/ANSI A112.19.8 performance standards. The flow rating of each cover shall be equal to or greater than the flow rating of the pump it is connected to.

Main Drain:

Make / Model: _____ Max Flow Rate: _____ gpm

Jet Suction Outlets:

Make / Model: _____ Max Flow Rate: _____ gpm

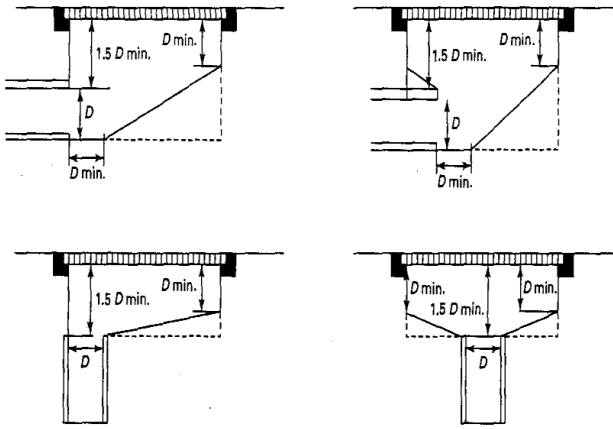
Equalizer Lines:

Make / Model: _____ Max Flow Rate: _____ gpm

SUMP:

Manufactured

Field Built



General Notes:

1. D = inside diameter of pipe
2. All dimensions shown are minimum
3. A broken line (———) indicates suggested sump configurations

Describe any additional changes (plumbing, electrical, structural, etc.)

Scaled Drawing of the Pool or Spa - Include the following:

1. Locations of all suction outlets (main drains, skimmers, equalizers and jet suction outlets)
2. Main Drain Split – At least 3 feet apart with the “T” on center
3. Pool or Spa depths

FOR OFFICE USE ONLY

Facility No. _____ Program Rec No. _____ APPROVED NOT APPROVED

Environmental Health Specialist

Date