



**Environmental Management Department**  
**Recreational Health Plan Review Application**  
 Minor Remodel / AB-1020 Compliance (VGB)

**OFFICE USE ONLY**

PE: _____	\$: _____
Date Paid: _____	
Account #: _____	
Receipt #: _____	
County BID #: _____	

Submit this form along with supporting documents to the Sacramento County Environmental Management Department (EMD) located at 11080 White Rock Rd, Ste 200, Rancho Cordova, CA. 95670. Contact EMD Plan Review at (916) 874-6010 or email us at [emd-ehplanreview@sacounty.net](mailto:emd-ehplanreview@sacounty.net) if you have questions or need additional submittal instructions.

**Note: EMD plan review application and approval will expire one year after the date submitted.**

SR: _____	FA: _____	PR: _____	CT: _____	PE: _____
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**Facility Information:** Facility Name: \_\_\_\_\_ Ph #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Owner / Plan Contact:** Name: \_\_\_\_\_ Ph #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Pool Contractor:** Name: \_\_\_\_\_ Lic #: \_\_\_\_\_ Type (C36, C53, C61, D35): \_\_\_\_\_

Email: \_\_\_\_\_ Ph #: \_\_\_\_\_

**PE 1725 – Minor Remodel With Inspection**

Total equipment replacement, modifications to plumbing, sumps, enclosure, decking, or ancillary facilities

**\$ 572.00**

(Includes initial review, 2 resubmittals, 1 inspection)

**PE 1726 – Minor Remodel Without Inspection**

Replacing multiple pieces of equipment, replacing suction covers with different make/model, no plumbing or sump modifications

**\$ 191.00**

(Includes initial review, 2 resubmittals)

**PE 1727 – Single Equipment Replacement**

Replacing single piece of equipment, replacing suction covers with same make/model as previously approved

**\$ 175.00**

(Includes initial review, 2 resubmittals)

- SCOPE OF WORK (check all that apply):**
- Replastering
  - Splitting Main Drain
  - Splitting Jet/Booster Suction
  - Splitting Equalizer Lines
  - Installing / Modifying Sumps
  - Installing Auto-Fill
  - Sealing Equalizer Lines
  - Replacing Filter (provide make/model #)
  - Replacing Recirculation Pump
  - Replacing Jet / Feature Pump
  - Adding / Replacing Chemical Controller (provide make/model #)
  - Replacing Chemical Feeder (provide make/model #)
  - Replacing Suction Covers (same make/model #)
  - Replacing Suction Covers (different make/model #)
  - Re-decking
  - Replacing Gate / Fencing
  - Modifying Ancillary Facilities
  - Replacing Hand Rails
  - Replacing SVRS
  - Replacing Depth Markers
  - Other: \_\_\_\_\_

**DIAGRAM / DESCRIPTION:**

SR: \_\_\_\_\_ FA: \_\_\_\_\_ PR: \_\_\_\_\_ CT: \_\_\_\_\_ PE: \_\_\_\_\_

**GENERAL POOL / SPA INFORMATION**

Pool  
  Spa  
  Wading Pool  
  Spray Ground  
  Other: \_\_\_\_\_  
 Which pool/spa is to be remodeled? (facilities with multiple bodies of water): \_\_\_\_\_  
 Total Gallons: \_\_\_\_\_ Turnover Rate (gpm): \_\_\_\_\_ Turnover Time (hrs/min): \_\_\_\_\_  
 Flow Meter Reading (gpm): \_\_\_\_\_ # Skimmers: \_\_\_\_\_ Auto-Fill:  Yes  No

**AB-1020 COMPLIANCE REVIEW (REQUIRED WHEN CHANGING PLUMBING, PUMPS, SUCTION COVERS, OR SVRS)**

<b>Recirculation Pump</b> <input type="checkbox"/> Existing <input type="checkbox"/> New	Make: _____ Model: _____ Quantity: _____ HP: _____ Max Flow Rate @ 60TDH (gpm): _____ Pipe Size (in): _____
<b>Main Drain Configuration</b> <input type="checkbox"/> Existing <input type="checkbox"/> New	<input type="checkbox"/> Single Main Drain w/ SVRS <input type="checkbox"/> Unblockable Main Drain <input type="checkbox"/> Split Main Drain ≥ 3 feet <input type="checkbox"/> Split Main Drain < 3 feet w/SVRS
<b>Main Drain Suction Covers</b> <input type="checkbox"/> Floor <input type="checkbox"/> Wall	Make: _____ Model: _____ Quantity: _____ Cover Rating (gpm): _____ T Pipe Size (in): _____ Sump Depth (in): _____
<b>Equalizer Configuration</b> <input type="checkbox"/> Existing <input type="checkbox"/> New	<input type="checkbox"/> Single Equalizer Line <input type="checkbox"/> Single Equalizer Line (plugged) <input type="checkbox"/> No Equalizer Lines w/ Auto-Fill <input type="checkbox"/> Split Equalizer Lines ≥ 3 feet
<b>Equalizer Covers</b> <input type="checkbox"/> Floor <input type="checkbox"/> Wall	Make: _____ Model: _____ Quantity: _____ Cover Rating (gpm): _____ T Pipe Size (in): _____ Sump Depth (in): _____
<b>Recirculation SVRS</b>	Make: _____ Model: _____
<b>Jet / Feature Pump</b> <input type="checkbox"/> Existing <input type="checkbox"/> New	Make: _____ Model: _____ Quantity: _____ HP: _____ Max Flow Rate @ 40TDH (gpm): _____ Pipe Size (in): _____
<b>Jet / Feature Configuration</b> <input type="checkbox"/> Existing <input type="checkbox"/> New	<input type="checkbox"/> Single Jet Suction w/ SVRS <input type="checkbox"/> Unblockable Jet Suction <input type="checkbox"/> Split Jet Suction > 3 feet <input type="checkbox"/> Split Jet Suction < 3 feet w/ SVRS
<b>Jet / Feature Covers</b> <input type="checkbox"/> Floor <input type="checkbox"/> Wall	Make: _____ Model: _____ Quantity: _____ Cover Rating (gpm): _____ T Pipe Size (in): _____ Sump Depth (in): _____
<b>Jet / Feature SVRS</b>	Make: _____ Model: _____

**SUBMIT AB-1020 COMPLIANCE FORM TO EMD PLAN REVIEW WITHIN 30 DAYS TO COMPLETE CERTIFICATION**

**PLAN REVIEW COMMENTS (OFFICE USE ONLY)**

Application Approved By: \_\_\_\_\_ Date: \_\_\_\_\_