



**Community
Development
Agency**

Environmental Health Department

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This form should ONLY be used to submit plans for compliance with the Virginia Graeme Baker Pool and Spa Safety Act (California Health and Safety Code Section 116064.2) USE ONE FORM FOR EACH BODY OF WATER.

FACILITY NAME AND ADDRESS						CONTACT PHONE NUMBER AND EMAIL					
CONTRACTOR NAME AND ADDRESS						LICENSE #			LICENSE TYPE		
BODY OF WATER TYPE: <input type="checkbox"/> POOL <input type="checkbox"/> SPA		<input type="checkbox"/> WADING POOL <input type="checkbox"/> OTHER _____		POOL LENGTH	POOL WIDTH	POOL GALLONS	POOL MINIMUM FLOW (GPM)				
MAIN SUCTION LINE SIZE		<input type="checkbox"/> COPPER <input type="checkbox"/> PVC		MAIN RETURN LINE SIZE		<input type="checkbox"/> COPPER <input type="checkbox"/> PVC		FILTER MAKE AND MODEL		MAX FLOW (GPM)	
RECIRCULATION PUMP MAKE/MODEL*		HP	JET / BOOSTER PUMP (SPA ONLY)*		HP	ADDITIONAL JET / BOOSTER PUMP IF PRESENT*			HP		
MAIN DRAIN COVER MAKE AND MODEL			GPM RATING:		JET / BOOSTER DRAIN COVER MAKE AND MODEL			GPM RATING:			
			FLOOR:					FLOOR:			
			WALL:					WALL:			
EQUALIZER LINE COVER MAKE AND MODEL			GPM RATING:		INSTALLED ON:		NUMBER OF SKIMMERS		SKIMMER PIPE SIZE		
			FLOOR:		<input type="checkbox"/> FLOOR <input type="checkbox"/> WALL						
			WALL:								
SUCTION VACUUM RELEASE SYSTEM (SVRS) MAKE AND MODEL IF INSTALLING											

When submitting this request, the following items must be attached:

- Performance (pump) Curve for each pump listed above.
- Specification sheet for each cover listed above.

ONCE APPROVED AND INSTALLED THE CONTRACTOR MUST SUBMIT THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH COMPLIANCE FORM FOR ANTI-ENTRAPMENT DEVICES AND SYSTEMS FOR PUBLIC POOLS AND SPAS.

FOR OFFICE USE ONLY	
Facility # _____	Program Rec # _____ <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
EHS _____	DATE _____