



Suction Outlet Fitting Assembly (SOFA) Replacement and VGBA Compliance Form

Instructions for Submitting:

- Use this form for suction outlet drain cover and safety vacuum release system (SVRS) devices replacement ONLY.
- Do not use this form for other remodel work or equipment changes. Use the **Pool Remodel/Renovation forms** instead.
- Fill in all sections with appropriate information.
- Submit one form per body of water.
- Only a licensed pool contractor holding: General Engineering A, Plumbing Contractor C36, Swimming Pool Contractor C53, or Limited Specialty Pool and Spa Maintenance C61/D35 can perform the installation.
- Attach manufacturer specification sheets, pump curves, dimensional drawings of suction outlets and other supporting documentation as needed. Highlight on the specification sheet which flow manufacturer flow testing criteria you plan to use.
- Anti-entrapment devices and systems must comply with the latest ANSI/APSP/ICC-16 2017 standards and the Virginia Graeme Baker Act (VGBA).
- After installation completion, an updated **CDPH Anti-Entrapment Devices Contractor's Installation Form** is required to be submitted to this office with 30days for compliance verification and project final.
- An **Agreement to Pay** form and fee of \$109.19 shall accompany this form.

Date:	Site Name:	Type of water body (ex. Pool, spa, wading pool, etc):	
Site Address:		Site City:	Site Phone #:
Pool Contractor:	Name of Person Submitting:		Contractor's License #:
Contractor Business Address:		Contractor Business City and Zip:	Contractor's Email:
Contractor's Business Phone #	Contractor's Business Cell Phone #:	Person Submitting Phone Number:	

_____ By initialing here, you are agreeing to submit the **CDPH Anti-Entrapment Devices Contractor's Installation Form** within 30 days of installation for project final.

Type of replacement: Drain Covers SVRS Device- Make and Model: _____

Existing Site Information:

Are the existing main drain(s) split at least three (3) feet apart from inner edge of cover to inner edge of cover? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, are the existing main drain(s) split at least three (3) feet apart from center of cover to center of cover? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is the existing single drain unblockable as defined by ANSI/PHTA/ICC-7? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are the current sumps field built or factory built? <input type="checkbox"/> Field Built <input type="checkbox"/> Factory Built
<u>Spa Only:</u> Are the existing jet pump drain(s) split at least three (s) feet apart from inner edge of cover to inner edge of cover? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, are the existing jet pump drain(s) split at least three (3) feet apart from center of cover to center of cover? <input type="checkbox"/> Yes <input type="checkbox"/> No

If no, are the existing jet pump drain(s) located on two different vertical planes; i.e., one (1) on the floor and one (1) on the wall?
 Yes No

If no, is the existing single drain unblockable as defined by ANSI/PHTA/ICC-7? Yes No

Are the drain cover(s) being shared by both the recirculation pump and the jet pump? Yes No

Are the current sumps field built or factory built? Field Built Factory Built

Wading pool only: Are the feature pump drain cover(s) split at least three (3) feet apart from inner edge of cover to inner edge of cover? Yes No

If no, are the existing feature pump drain cover(s) split at least three (3) feet apart from center of cover to center of cover?
 Yes No

Proposed Drain Cover and Plumbing Information:

Proposed Main Drain Cover(s) Make and Model:		# of Covers:
Pipe/Sump Depth as measured from finished pool surface to top of suction pipe opening (See figure 1):		inches
Suction Pipe Opening:	inches	Return Pipe Opening: inches
Proposed Skimmer Equalizer Cover(s): <input type="checkbox"/> N/A Make and Model:		# of Covers:
Pipe/Sump Depth as measured from finished pool surface to top of suction pipe opening (See figure 1):		inches
Suction Pipe Opening:	inches	Return Pipe Opening: inches
Proposed Spa Jet Pump Cover(s): <input type="checkbox"/> N/A Make and Model:		# of Covers:
Pipe/Sump Depth as measured from finished pool surface to top of suction pipe opening (See figure 1):		inches
Suction Pipe Opening:	inches	Return Pipe Opening: inches
Proposed Feature Pump Cover(s): <input type="checkbox"/> N/A Make and Model:		# of Covers:
Pipe/Sump Depth as measured from finished pool surface to top of suction pipe opening (See figure 1):		inches

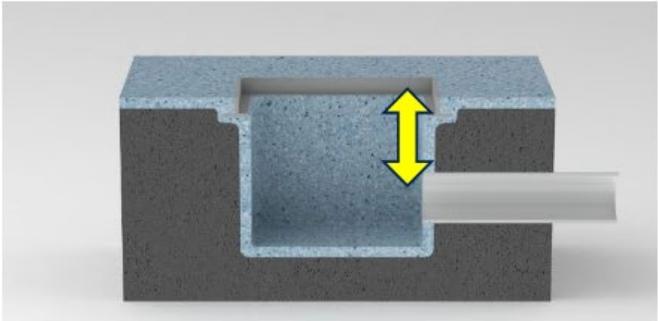
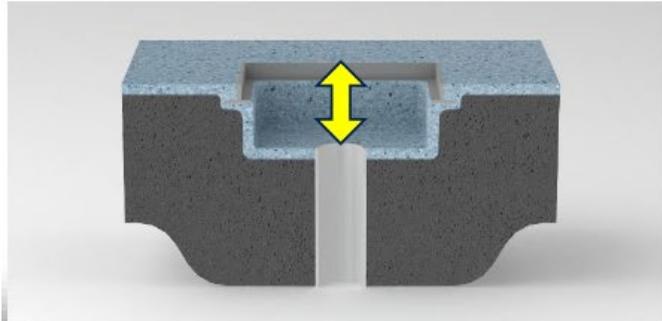


Figure 1- Pipe depth for both bottom pipe and side pipe orientation within the sump

Existing Pump Information:

Existing Circulation Pump Make and Model:	HP:	Quantity:
Existing Spa Jet Pump: <input type="checkbox"/> N/A Make and Model:	HP:	Quantity:
Existing Feature Pump: <input type="checkbox"/> N/A Make and Model:	HP:	Quantity:
Existing SVRS device(s): <input type="checkbox"/> N/A Make and Model:		

Scope of Work:

State your exact scope of work here:

Sketch:

Draw a 2-dimensional sketch of the floor of the body of water showing and labeling the main drains, jet suction drain and feature drains. Show the wall if the body of water has equalizers and/or other wall mounted drains:



**Community
Development
Agency**

Environmental Health Department

950 Maidu Avenue Suite #170 PH: (530) 265-1222 ext. 3
 PO BOX #599002 FAX: (530) 265-9854
 Nevada City, CA 95959 Env.Health@nevadacountyca.gov
www.nevadacountyca.gov

AGREEMENT TO PAY

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This *Agreement To Pay* form must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at <http://www.nevadacountyca.gov>

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. If payments on outstanding invoices are not made within thirty (30) days after the date of the invoice, County staff may cease work on the project until the required payment is made, subject to any other provisions of the law. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

Site Information:

Invoices and/or notices to be mailed to:

APN: _____	Name: _____
Property Owner/Business Name (if applicable): _____	Address: _____
Address: _____	_____
_____	Telephone: _____
Email: _____	Email: _____

NCCDA Staff is authorized to consult with necessary governmental agencies and the following individuals concerning this project: _____

I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.

 Signature Dated: _____ CDL# _____

 Printed Name Tel #: _____

THIS SECTION FOR OFFICE USE ONLY

Service: _____ Program: _____ Job No: _____
 Check #: _____ Project File #: _____ Billing Code: _____
 Amount Collected: \$ _____ Receipt #: _____ Date of Receipt: _____

Service: _____ Program: _____ Job No: _____
 DPW #: _____ Project File #: _____ Billing Code: _____
 Amount Collected: \$ _____ Receipt #: _____ Date of Receipt: _____