



## Recreational Health Plan Review Application New or Remodel / VGB Drain Cover Replacement(s)

Submit this form with a complete set of plans, calculations, pump curve, manufacturer specification sheets and any other additional information pertinent to your proposed project to:

Nevada County Department of Environmental Health (NCDEH)  
950 Maidu Ave. Suite 170  
Nevada City, CA. 95959  
Or by email to [env.health@nevadacountyca.gov](mailto:env.health@nevadacountyca.gov).

### Important information:

- Payment is required before staff can begin reviewing your plans.
- Depending on your scope of work, site plans drawn to scale may need to accompany this application.
- Work shall not commence until written approval from NCDEH has been issued.
- We encourage you to reach out to your jurisdictional Building Dept. to inquire if a Building Dept. permit is required for your project. If so, plans may be submitted to both entities in tandem, but a Building permit can not be issued until NCDEH approves your plans.
- If your project exceeds the time initial deposit, you will be billed at the departmental hourly rate for the remainder. A project can not be finalized until balance has been paid.
- One application form and associated fee is required for each body of water.
- Only a currently licensed pool contractor can perform work on pools and spas. Depending on the scope of work, the following licensure is needed: General Engineering A, Plumbing Contractor C36, Swimming Pool Contractor C53, or Limited Specialty Pool and Spa Maintenance C661/D35 as defined by the [California State Licensing Board](#) (CSLB). All work shall be done to current [standards](#).
- Anti-Entrapment devices and systems must comply with the latest ANSI/APSP/ICC-16 2017 and ANSI/PHTA/ICC-7 2020 standards. Maximum system flow rate shall be determined with the lowest achievable TDH when all flow is from the submerged suction system, skimmers off, filters are clean, and pumps (when variable speed) are set to their highest rpm settings.
- All fields on the application must be filled out completely. If you need historical construction plan information, it is possible that the county may have this information. A public records request with the County of Nevada Records Division can be made here: [Nevada County California | Public Records Center \(govqa.us\)](#)
- A [California Dept. of Public Health Anti-Entrapment Devices Contractor's Installation](#) Form is required within 30 days of installation of an anti-entrapment device. This form shall be submitted to NCDEH before project final.

*I have read the above information and I recognize that an incomplete or inaccurate permit application and/or project submittal will result in delayed processing and issuance of my pool/spa construction/alteration permit and may incur additional fees at the current departmental hourly rate above the initial deposit.*

Signature

Title-Contractor Name

Date

## Pool and Spa Plan Review Application

### **FACILITY INFORMATION:**

Facility Name: \_\_\_\_\_ Facility Phone #: \_\_\_\_\_  
 Facility Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Facility/Owner Email: \_\_\_\_\_  
 Facility Owner: \_\_\_\_\_ Facility Owner Phone # \_\_\_\_\_

### **CONTRACTOR INFORMATION:**

Contractor Business Name: \_\_\_\_\_ Bus. Phone# \_\_\_\_\_  
 Business Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Contractor Name: \_\_\_\_\_ Contractor's Phone # \_\_\_\_\_  
 Contractor's Email: \_\_\_\_\_  
 Contractor License Type: \_\_\_\_\_ CSLB # \_\_\_\_\_

**CHECK ONE:**      POOL                      SPA                      WADER                      SPRAYGROUND                      OTHER

**Facilities with multiple bodies of water, specify designated body of water:** \_\_\_\_\_

### **SCOPE OF WORK:** *(Check all that apply)*

Resurfacing/Re-plaster	Splitting suction outlets	Equipment addition/change
Waterline tile	Drain cover replacement	Relocation of equipment
Trim tile	Pump replacement	Coping (provide detail)
Depth markers	Skimmers replacement	Decking
Breakline tile @ 4 ½ foot depth	Replace/modify plumbing	Fencing (provide fence plans)
Hand rails (provide detail)	Elim. EQ. Lines/Autofill	Pressure/Vacuum Gauge Install
Deep end exit ladder/grab rails	Sump Install/modify sump	Depth changes
Other, please explain: _____		

### **DESIGN/EQUIPMENT DETAILS:**

Surface Area(sq. Ft): \_\_\_\_\_ Volume (gallons): \_\_\_\_\_ Minimum Flow Rate for Required Turnover(gpm): \_\_\_\_\_  
(Pool = 6 hrs; Spa/Spray Ground = 30min; Wading Pool = 1hr)

Flow meter Make: \_\_\_\_\_ Model: \_\_\_\_\_ Location: \_\_\_\_\_

Number of Skimmers: \_\_\_\_\_ Auto fill:      Yes      No

Filter Type:      Sand Filter      Cartridge Filter      Diatomaceous Earth Filter (with DE separation tank)

Filter Make: \_\_\_\_\_ Model: \_\_\_\_\_ Quantity: \_\_\_\_\_

Chemical Disinfection Equip. Type:      Liquid Chlorine Feeder      Tablet Feeder      Salt System

Chemical Disinfection Equip. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Quantity: \_\_\_\_\_

Additional Disinfection Equip. if applicable (ozone, UV etc): \_\_\_\_\_

Liquid waste disposal location(ie. filter backwash, cartridge filter wash area, pool water drainage):

Sump w/ indirect connection      Sewer clean out      Mop sink      Unknown

**RECIRCULATION PUMP/DRAIN DETAILS:** *(must provide specific manufacturer pump curve)*

**Recirculation Pump Type:** Variable Speed    Variable Speed w/ SVRS    Single Speed    Two Speed  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ HP: \_\_\_\_\_ TDH\*: \_\_\_\_\_ Max. Flow rate\*\*: \_\_\_\_\_ Quantity: \_\_\_\_\_  
*New    Existing*    SVRS Device: Make \_\_\_\_\_ Model: \_\_\_\_\_ Location: \_\_\_\_\_    N/A

**Main Drain Configuration:** Single Main Drain w/ SVRS    Unblockable Main Drain  
*New    Existing*    Split Main Drain > 3 feet    Split Main Drain < 3 feet w/SVRS

**Main Drain Suction Covers:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Quantity: \_\_\_\_\_  
*New    Existing*    Cover Rating (gpm): \_\_\_\_\_ (Attach Manufacturer Spec. Sheet)

**Main Drain Sump:** Factory Built    Field Constructed    Sump Depth(in): \_\_\_\_\_  
*New    Existing*    Pipe Size (in): \_\_\_\_\_ Pipe Orientation in Sump:    Side    Bottom

**Equalizer Configuration:** Single Equalizer Line    Single Equalizer Line (plugged)    Shared Under MD  
*New    Existing*    No Equalizer Lines w/ Auto-Fill    Split Equalizer Lines > 3 feet

**Equalizer Suction Covers:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Quantity: \_\_\_\_\_  
*New    Existing*    Cover Rating (gpm): \_\_\_\_\_ (Attach Manufacturer Spec. Sheet)

**Equalizer Sump:** Factory Built    Field Constructed    Sump Depth(in): \_\_\_\_\_  
*New    Existing*    Pipe Size(in): \_\_\_\_\_ Pipe Orientation in Sump:    Side    Bottom

**JET or FEATURE PUMP/DRAIN DETAILS:** *(must provide specific manufacturer pump curve)*

**Jet/Feature Pump Type:** Variable Speed    Variable Speed w/ SVRS    Single Speed    Two Speed  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ HP: \_\_\_\_\_ TDH\*: \_\_\_\_\_ Max. Flow rate\*\*: \_\_\_\_\_ Quantity: \_\_\_\_\_  
*New    Existing*    SVRS Device: Make \_\_\_\_\_ Model: \_\_\_\_\_ Location: \_\_\_\_\_    N/A

**Jet/Feature Drain Configuration:** Single Jet Suction w/ SVRS    Unblockable Jet Suction    Shared under MD  
*New    Existing*    Split Jet Suction > 3 feet    Split Jet Suction < 3 feet w/ SVRS

**Jet/Feature Suction Covers:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Quantity: \_\_\_\_\_  
*New    Existing*    Cover Rating (gpm): \_\_\_\_\_ (Attach Manufacturer Spec. Sheet)

**Jet/Feature Sump:** Factory Built    Field Constructed    Sump Depth(in): \_\_\_\_\_  
*New    Existing*    Pipe Size(in): \_\_\_\_\_ Pipe Orientation in Sump:    Side    Bottom

*Note: If pool/spa has more than one jet/feature pump, include additional application pages with submittal.*

**DETERMINE MAXIMUM FLOW RATE /TOTAL DYNAMIC HEAD:**

\* Total Dynamic Head (TDH) calculations and Maximum Flow rate\*\* must be determined prior to submitting the plan review application. If the existing system is not equipped with a vacuum gauge, pressure gauge, and a flow meter those will need to be correctly installed in order to properly calculate TDH and the Maximum Flow rate.

**- Use the worksheet on the following page to determine TDH and Maximum Flow Rate -**

**DETERMINE MAXIMUM FLOW RATE /TOTAL DYNAMIC HEAD:**

**Filter Recirculation System**

- a) Clean/backwash filter or remove cartridge filter
- b) Close skimmer valve
- c) Open all pressure-side valves (maximum flow position, lowest achievable system TDH)
- d) Turn on pump and set to highest user selectable speed (maximum RPM)
- e) Record reading on flow meter, **Maximum Flow rate = \_\_\_\_\_ gpm**
- f) Record reading on pressure gauge = \_\_\_\_\_ psi
- g) Record reading on vacuum gauge = \_\_\_\_\_ Hg

**Calculate Total Dynamic Head**

Formula: (psi X 2.31) + (Hg X 1.13) = TDH

(\_\_\_\_\_ psi X 2.31) + (\_\_\_\_\_ Hg X 1.13) = \_\_\_\_\_ TDH

**Jet/Feature System**

- a) Clean/backwash filter or remove cartridge filter
- b) Close skimmer valve
- c) Open all pressure-side valves (maximum flow position, lowest achievable system TDH)
- d) Turn on pump and set to highest user selectable speed (maximum RPM)
- e) Record reading on flow meter, **Maximum Flow rate = \_\_\_\_\_ gpm**
- f) Record reading on pressure gauge = \_\_\_\_\_ psi
- g) Record reading on vacuum gauge = \_\_\_\_\_ Hg

**Calculate Total Dynamic Head**

Formula: (psi X 2.31) + (Hg X 1.13) = TDH

(\_\_\_\_\_ psi X 2.31) + (\_\_\_\_\_ Hg X 1.13) = \_\_\_\_\_ TDH

**ATTENTION: Incomplete applications will delay the approval process and may incur additional fees. All applicable fields must be filled out accurately in order to perform a plan review. Incomplete applications will not be accepted and will be returned to the applicant.**

**OFFICE USE ONLY**

Approved     Denied, Reason: \_\_\_\_\_

By: \_\_\_\_\_, REHS    Date: \_\_\_\_\_

FA \_\_\_\_\_

PR \_\_\_\_\_

SR \_\_\_\_\_



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.mynevadacounty.com

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:

Table with 2 columns: Site Information and Invoices and/or notices to be mailed to. Rows include APN, Property Owner/Business Name, Address, Telephone, and 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.

Printed Name: \_\_\_\_\_ Dated: \_\_\_\_\_ CDL# \_\_\_\_\_
Signature: \_\_\_\_\_

THIS SECTION FOR OFFICE USE ONLY

Form with two rows for office use only. Each row includes fields for Service, Amount, Check #, Program, Receipt #, Job No, and Date of Receipt.