

Public Swimming Pools and Spas: Pool Operator Training

Presented by: Michelle Bilodeau, REHS III

Consumer Protection Unit of Yolo County Environmental Health (YCEH)

April 21, 2021

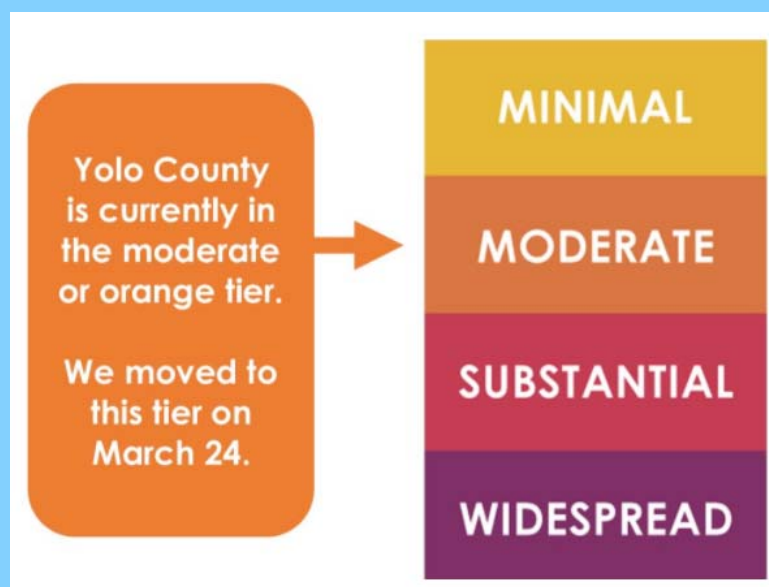


Topics Covered

- Update on COVID-19
- Importance of Pool/Spa Maintenance
- Recreational Water Illnesses
- Reviewing Inspection Report
- Closing Pools and Spas for Season
- Questions?


COVID-19 and Public Pools & Spas

- **Indoor pools** can operate at **25% capacity**
- **Outdoor pools and spas** are allowed to be open at **50% capacity**
 - Indoor hot tubs/spas, steam rooms and saunas must remain close until Minimal (Yellow) tier
- Locker rooms can be open if social distancing requirements can be met
- Protocol form approved and on file with YCEH



Protocol Form for Public Swimming Pools

COVID-19 • Roadmap to Recovery Protocol and Recommendations



**SOCIAL/PHYSICAL DISTANCING & SANITATION
PROTOCOL FOR PUBLIC SWIMMING POOLS**

FACILITY NAME: _____
 FACILITY ADDRESS: _____
 FACILITY ID: _____

Public swimming pool facilities shall implement all measures* listed below or be prepared to explain the measure is inapplicable to the business. This protocol must be posted in conspicuous places outside and inside the facility, and must include the name and contact information of the person(s) responsible for managing the pool facility. Yolo County's [Social Distance Protocol \(Appendix A\)](#) must also be posted.

* This is in addition to any industry-specific guidance issued by the State of California for [fitness facilities](#), [hotels](#), and [campgrounds/RV parks](#).

A. Staffing:

- A designated employee will frequently monitor the swimming pool area to ensure physical distancing is being maintained by pool users. This employee must not also serve as the lifeguard.
- All employees must be trained on this protocol.

B. Facility Requirements:

- The maximum number of bathers in the pool facility at any one time is limited to 50% of capacity or the number of people who can maintain six feet of social distance in the deck area, whichever is smaller. Pool facilities must cover the maximum capacity listed on the existing signage with the new maximum capacity, as calculated using this protocol.
- If applicable, showers and shared restroom facilities should have partitions and/or signs posted that specify physical distancing requirements.
- The facility must have social/physical distancing signage using the County issued template or equivalent posted at each public entrance of the pool facility to inform employees and customers that they must not enter the facility or the pool if they are sick, and must maintain a minimum six-foot distance from non-household members. **If six feet of distance cannot be maintained, a face covering must be worn.**
- Change the deck layout and other areas surrounding the pool to ensure that the standing and seating areas can support physical distancing requirements. This may require the removal of lounge chairs or taping off of areas to discourage use.
- Place tape or other markings at least six feet apart in bather line areas or any other area in the pool facility where bathers congregate, and place all seating or mark deck areas so that bathers (or household groups) know where they can remain at least six feet apart.

Revised 3/30/21

COVID-19 • Roadmap to Recovery Protocol and Recommendations

- Provide handwashing stations stocked with soap and single use paper towels and/or hand sanitizers with at least 60% alcohol for bathers to use.
Describe location: _____

C. Measures to Protect Employee and Pool User Health:

- All employees must be directed not to come to work if sick. The facility shall monitor employee health at the beginning of each shift (fever, dry cough, gastrointestinal symptoms, etc.). Employees with symptoms associated with COVID-19 should be urged to seek a medical evaluation and be tested for COVID-19 prior to returning to work.
- Direct employees to wash hands or use hand sanitizer frequently. Provide hand sanitizer containing at least 60% alcohol where employees must use shared surfaces or be in contact with the public.
- For indoor pools, outdoor air will be introduced and circulated as much as possible while maintaining user and employee safety.

D. Sanitization:

- Sanitizer / Disinfectant and related cleaning supplies are available to all employees at the following location(s): _____
- Assign employee(s) to disinfect high-contact surfaces frequently (counters, restroom surfaces, shower areas, faucets, water fountains, handrails, pool gates if not hands free, etc.). Describe process: _____
- If applicable, encourage pool users to bring their own towels. If towels are provided to pool users, handle towels with disposable gloves with minimal disturbance and launder according to manufacturer's instructions.
- If applicable, provide enough pool equipment such as kickboards and pool noodles to minimize sharing. Clean and disinfect items after each use.
- The swimming pool water quality shall be tested and documented a **minimum of twice per day**.
- CDC's [Fecal Incident Response Recommendations for Aquatic Staff](#) will be followed in the event of a fecal accident.
- For pools that use chlorine disinfection, the following water quality shall be maintained:

	Minimum free chlorine level	Maximum cyanuric acid level	Maximum free chlorine	Required pH range
Swimming pool using chlorine	1.5 ppm	N/A	10 ppm	7.2 to 7.8
Swimming pool with cyanuric acid	2.0 ppm	100 ppm	10 ppm	7.2 to 7.8
Spa/Wading pool using chlorine	3.0 ppm	N/A	10 ppm	7.2 to 7.8
Spa/Wading pool with cyanuric acid	3.5 ppm	100 ppm	10 ppm	7.2 to 7.8

Revised 3/30/21

Find forms here: <https://www.yolocounty.org/coronavirus-roadmap> under the 'What's Open in Yolo' section.

Shared Mission

- **To prevent disease transmission and accidents through permitting and inspection**



Recreational Water Illnesses (RWIs)

- Illnesses that are spread by swallowing, breathing or having contact with contaminated water.
- Most common RWI is **diarrhea**
- Other RWIs include **Swimmers Ear** and **skin rashes**
- Can also be caused by chemicals in the water



Preventing RWIs

- Maintain pool/spa filtration and disinfection at appropriate levels
- Educating pool/spa users:



Don't use pool/spa when you have diarrhea!



Don't swallow pool water!



Take a shower before swimming. Wash hands!



Fecal Response (aka poop in pool)

SOLID STOOL:

1. Tell swimmers to get out of pool/spa.
2. Remove fecal matter.
3. Raise the free chlorine residual to **2 ppm** and maintain pH between **7.2 and 7.5** with water temperature of 77°F for at least **25-30 minutes**.
4. Make sure filtration and disinfection systems are operating.
5. Check pH and chlorine prior to reopening pool/spa.
6. Reopen pool.

“Loose” Stool

1. Tell swimmers to get out of pool.
2. Remove fecal matter using net or bucket. **Do not vacuum!**
3. Raise the free chlorine residual to **20 ppm** and maintain pH between **7.2 and 7.5** with water temperature of 77°F for at least **12.75 hours**.
4. Make sure filtration and disinfection systems are operating.
5. Backwash filter to sanitary sewer. Replace filter media if necessary.
6. Ensure free chlorine residual and pH reach safe swimming levels.
7. Reopen pool.

See **CDC’s Fecal Incident Response Guidelines** for more information:

<https://www.cdc.gov/healthywater/swimming/pdf/fecal-incident-response-guidelines.pdf>

Yolo County EH's Inspection Report

Health inspection reports are available online

<https://yoloeco.envisionconnect.com/#/home>

Violations marked with an asterisk (*) may require pool closure.

Yolo County
Environmental Health
292 West Beamer Street, Woodland, CA 95695
Office: (530) 666-8646 | Fax: (530) 669-1448
Swimming Pool/ Spa Official Inspection Report

Date: 03/08/2016
Page 1 of 3
Time In: 1:10 pm
Time Out: 1:40 pm

DBA: SARATOGA WEST APARTMENTS Email: sharon@yolooproertymanagement.com; dan@yolooproertymanagement.com

Address: 2121 GLACIER DR City: DAVIS State: CA Zip Code: 95616 Telephone: (530) 753-7730

Pool / Spa	Facility ID	Program ID	PE	Pool/Spa Volume	Type of Inspection
Pool	FA0003798	PR0304904	3610	45,225 GAL	Routine

Free Chlorine: 2.0 (PPM) pH: 7.4 Cyanuric acid level: 60 (PPM) Spa Temperature: °F

Min 1.0 ppm w/o Cyanuric Acid (Pools)	Range 7.2 - 7.8	Less than 100 ppm	Max 104 °F
Min 2.0 ppm w/ Cyanuric Acid (Pools)			
Min 3.0 ppm (Spa/Wading/Spray)			

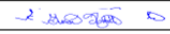
Required flow rate: 125 gpm (G) Actual flow rate: 95 (GPM) Influent Pressure: 16 (psi) Sanitizer: model 300-23x

Pool Service Name and Phone #: Effluent Pressure: 10 (psi)

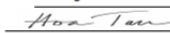
Pump: Intelliflo Filter: Pentair Clean and Clear Plus

The marked items represent violations of Title 22 & 24, California Code of Regulations and must be corrected as follows. * Violations marked with an asterisk (*) may require pool closure.

RECREATIONAL HEALTH VIOLATION					
IN	OUT	NA	CL	COS	MAJ
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 * Provide/Maintain Self-Closing Gate to Pool Area w/ Self-Latching Hardware at Least 42" Above Grade.					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 * Pool Enclosure - Provide/Maintain Minimum Fence Height of 4' with no Openings or Gaps Exceeding 4"					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Safety Signs Must be Posted					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3a Warning No Lifeguard on Duty Sign					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b Diagrammatic Illustration Artificial Respiration					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3c Emergency Telephone Number 9-1-1 Sign					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3d Occupancy Load (Max Capacity)					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3e No Diving Allowed Sign (Pools with Max. Depths less than 6 ft.).					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3f Spa Emergency Shut-off Switch Sign					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3g Spa Use Warning Sign					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3h Emergency Exit Sign-Required on Keyless Egress when Accompanied with Keyed Gates (After 7-1-24).					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3i No Use of Pool Allowed After Dark Sign (Pools or Deck Area Without Lights).					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3j All persons having currently active diarrhea or who have had active diarrhea within the previous 14					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Provide Body Hook Permanently Attached to Pole (12 ft minimum).					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Provide Life Ring with Attached Rope to Span Width of Pool.					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 *Maintain Free Chlorine/Bromine at (min - see above) and (max) 10.0 ppm.					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Maintain pH between 7.2 and 7.8					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Maintain Cyanurate / Stabilizer Level Under 100 ppm.					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Provide Approved Pool Water Test Kit (DPD)					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Provide Cyanurate Test Kit					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 *Maintain Acceptable Water Clarity / Main Drain Clearly Visible.					

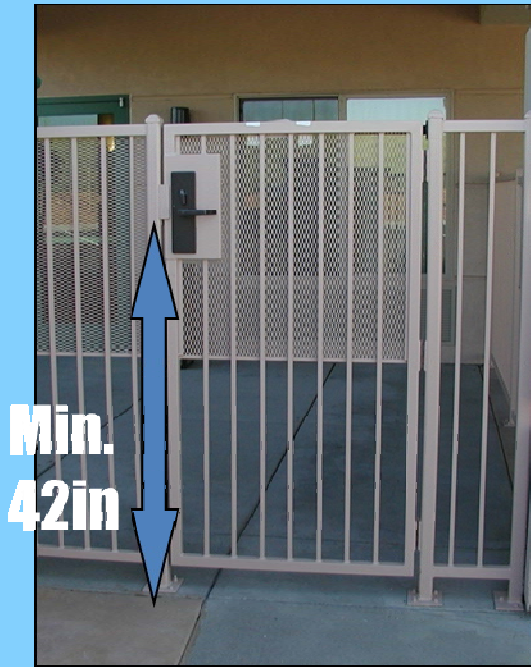
Accepted by (Signature)  Follow Up Inspection: 3/22/16

Accepted by Name: Sharon Riddle Accepted by Title: Manager

Environmental Specialist: HOA TAN Signature: 

1. Self-Latching/Closing Gate/Door*

Gate should swing closed and latch when opened to body width.



If there are multiple gates, all gates to the Pool and Spa should be functional



2. Pool Enclosure*



Built before July 1994: 4 ft min height
Built after July 1994: 5 ft min height

2. Pool Enclosure*

No openings or gaps in fencing exceeding 4 inches



Bottom of fencing enclosure shall not exceed 2" above grade

2. Pool Enclosure



Chain link fences

3. Safety Signs



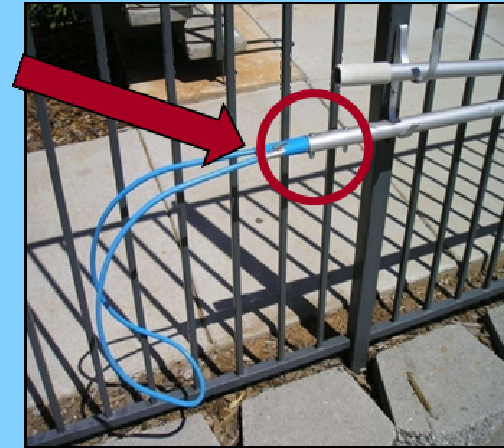
Safety Signs Must be Posted and Readable



4. & 5. Safety Equipment



Body
Hook
&
Life
Ring



(Inaccessible)

6. Free Chlorine/Bromine*

	Free-Chlorine Residual				Bromine Residual	
	Without CYA		With CYA			
	Min	Max	Min	Max	Min	Max
Public Pools*	1.0 ppm	10.0 ppm	2.0 ppm	10.0 ppm	2.0 ppm	--
Public Spas, Wading Pools, and Spray Grounds	3.0 ppm	10.0 ppm	3.0 ppm	10.0 ppm	4.0 ppm	--

CYA = cyanuric acid; Min = minimum; Max= maximum; ppm= parts per million.

*This includes all public pools except spas, wading pools, and spray grounds.

7. pH Maintained between 7.2-7.8*

pH Related Pool Problems

Ideal: 7.4 to 7.6

Low pH

Corrosive Water

- Etching of pool/spa surface
- Corrosion of metals
- Staining of surface walls

Other Problems

- Eye/skin irritation

High pH

Scaling Water

- Clogged filters, heater elements
- Reduced circulation
- Cloudy water
- Metal staining

Other Problems

- Chlorine inefficiency
- Eye/skin irritation

8. Cyanuric Acid Maintained Below 100 ppm*



also known as stabilizer

- Cal-hypo and liquid chlorine have no built in stabilizer
- Di-chlor and Tri-chlor have built-in stabilizer

9. Pool Water Test Kit (DPD)

Approved Pool Water test kit should be available at all pool sites



Approved DPD test kit with Cyanuric acid test



Unapproved test kit:

Test uses OTO

Only accurate for combined chlorine

Results are yellow

9. Pool Water Test Kit (DPD)

Test Kit should be able to measure Cl up to 10 ppm



11. Water Clarity*

MAIN DRAIN MUST BE CLEARLY VISIBLE

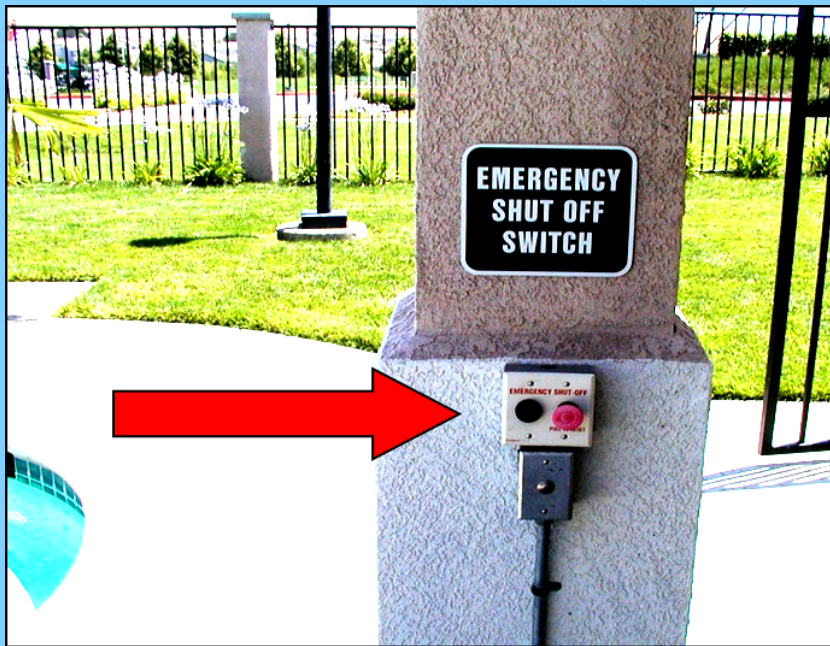


Clear



Cloudy

13. & 14. Spa Safety*



Must shut off both jet and spa filter pumps



104°F Max

15. & 16. Free of Algae/Debris



17/19. Pool Shell/Tile Maintained

Resurface/Replaster pool shell if needed
(must obtain plan check approval prior to starting work)



18/20. Depth Markers

Replace any broken, missing, or unreadable depth markers

Good



Bad



Belly Band: Pools deeper than 5 ft. must have a 4-inch wide tile line at 4 ½ ft. depth

21. Unobstructed Deck



- Maintain 4 ft. of unobstructed deck around the perimeter of the pool.
- Minimize trip hazards.



22. Hand rails

- Must extend from deck to top of bottom step.
- Must be **secure** with no sharp edges.
- Top of stair rail shall be min 28" above edge of deck.



24. Restrooms, Dressing Rooms, Showers



BAD

- Clean
- Soap
- Paper towels or hand dryer
- Toilet paper
- Hot water at 110°F or below

25. Hose bibb, Anti-siphon

Faucet must have
a vacuum breaker.



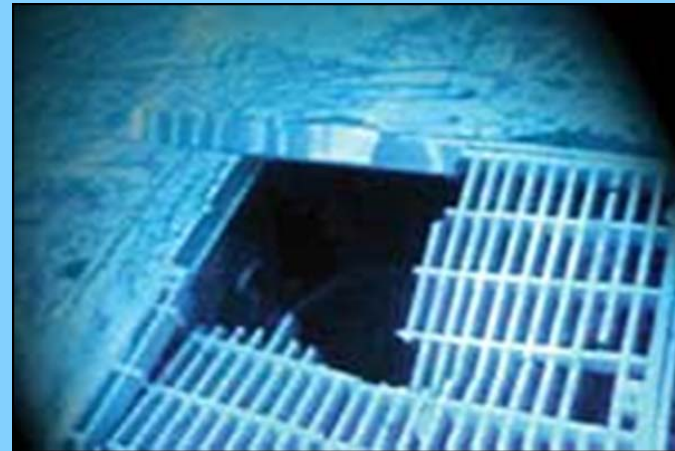
26. Functioning Skimmer



Replace any broken or missing parts – including weir

27. Main Drain Covers*

- All suction covers must meet current standards.
- Broken, cracked or non-compliant suction covers will result in pool closure.



27. Main Drains & AB 1020



APPROVED BY: _____ DATE: _____	California Department of Public Health AB1020 Compliance Form Anti-Entrapment Devices and Systems for Public Pools and Spas H&SC Sections 116064.1 and 116064.2	OFFICE USE ONLY FA: _____ PR: _____ SR: _____
NOTE: Use one form for each pump or multiple pumps under the same drain cover. ALL SECTIONS OF THIS FORM MUST BE COMPLETED.		
This form is to be used to verify compliance with modifications pursuant to the new Health and Safety Code sections 116064.1 and 116064.2. Under Section 116064.2 (a) of the Health and Safety Code, effective January 1, 2010, the owner of a public swimming pool shall file this form within 30 days following the completion of construction or installation of anti-entrapment devices or systems in swimming pools. Contact your local Environmental Health Department and Building Department for any necessary plan approval and permits prior to construction or remodel.		
Site Information Facility Name: _____ Pool Identification (if more than 1 pool/spa at site): _____ Facility Address: _____ City: _____ St: _____ Zip: _____ Owner Name: _____ Owner's Phone Number: _____ Owners Address: _____ City: _____ St: _____ Zip: _____ Pool constructed on or after January 1, 2010?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pump Information <input type="checkbox"/> Recirculation Pump Make/Model: _____ H.P. _____ <input type="checkbox"/> Jet / Booster Pump Make/Model: _____ H.P. _____ <input type="checkbox"/> Other Pump: Make/Model: _____ H.P. _____ <input type="checkbox"/> Feature Pump Make/Model: _____ H.P. _____		
Main Drain (includes All Suction Outlets Except Skimmer Equalizer Lines) Manufacturer of approved drain cover: _____ Model Number: _____ Install date _____ GPM rating: Floor _____ Wall _____ Installed on <input type="checkbox"/> Floor <input type="checkbox"/> Wall _____ Manufacturer of approved drain cover: _____ Model Number: _____ Install date _____ GPM rating: Floor _____ Wall _____ Installed on <input type="checkbox"/> Floor <input type="checkbox"/> Wall Main drain/Jet suction pipe size is _____ inches. Check One: <input type="checkbox"/> Split main drain(s) (Minimum 3 ft. between covers, hydraulically balanced and symmetrically plumbed) <input type="checkbox"/> Single drain – Unblockable (size and shape that a human body cannot sufficiently block to create a suction entrapment) <input type="checkbox"/> Single drain – Not unblockable (one of the following secondary devices required: safety vacuum release system, suction limiting vent system, gravity drainage system, auto pump shut-off system, or other equally or more effective system approved by enforcement agency) Type of secondary device installed: _____ Install date _____ Manufacturer of approved device: _____ Model/Part Number: _____ Safety vacuum release system bears the following performance standard markings: <input type="checkbox"/> ATSM F2367 <input type="checkbox"/> ASME/ANSI standard A 112.19.17		
Skimmer Equalizer Line(s) Manufacturer of approved suction fitting: _____ Model Number: _____ Install date _____ GPM rating: GPM rating: Floor _____ Wall _____ Installed on <input type="checkbox"/> Floor <input type="checkbox"/> Wall _____ Skimmer equalizer line(s) pipe size were found to be _____ inches Number of Skimmers: _____		
THE ABOVE HAS BEEN FIELD VERIFIED TO COMPLY WITH MANUFACTURER'S INSTALLATION REQUIREMENTS BY THE INSTALLER I declare that I hold an active California State Contractor license # _____ with classification _____ or a California State Professional Engineer license # _____ with qualified experience working on public swimming pools and that the information provided above is true to the best of my knowledge. I understand that if I improperly certify this information, I shall be subject to potential disciplinary action at the discretion of the licensing authority in accordance with California Health & Safety Code Section 116064.2.		
Contractor/Engineer Name: _____ Company Name: _____ Company Address: _____ City: _____ State: _____ Zip Code: _____ Contractor/Engineer Phone Number: _____ Cell Phone Number: _____ Contractor/Engineer FAX Number: _____ Email: _____		
Contractor / Engineer name (PRINT) _____ Contractor / Engineer name (SIGNATURE) _____ Date _____ For a complete text of the law, visit: http://info.sen.ca.gov/pub/09-10/bill/asm/ab_1001-1050/ab_1020_bill_20091011_chaptered.pdf		

- Suction covers need to be replaced **every 5 years.**
 - Must be installed by CA licensed contractor (C-53, C-61, D-35)
- YCEH requires AB 1020 form whenever covers are replaced.

VGB Expiration Date

Yolo County
Environmental Health
 292 West Beamer Street, Woodland, CA 95695
 Office: (530) 666-8646 | Fax: (530) 669-1448
Swimming Pool/ Spa Official Inspection Report

Date: 09/14/2020
 Page 1 of 3
 Time In: 1:30 pm
 Time Out: 2:00 pm

DBA: _____
 Email: _____
 Address: _____ City: WOODLAND State: CA Zip Code: 95695 Telephone: _____

Pool / Spa	Facility ID	Program ID	PE	Pool/Spa Volume	Type of Inspection
Pool	FA0001674	PR0001096	3618	17,000 GAL	Routine

Free Chlorine: 3.6 (PPM) pH: 7.8 Cyanuric acid level: 40 (PPM) Spa Temperature: °F

Min 1.0 ppm w/o Cyanuric Acid (Pools) Min 2.0 ppm w/ Cyanuric Acid (Pools) Min 3.0 ppm (Spa/Wading/Spray)	Range 7.2 - 7.8	Less than 100 ppm	Max 104 °F
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Required flow rate: 35.4 gpm (G) Actual flow rate: 60 (GPM) Influent Pressure: 12 (psi) Sanitizer: pentair model 300

Pool Service Name and Phone #: _____ Effluent Pressure: 10 (psi)

Pump: intelliflo vs+svrs Filter: hayward **VGB Main Drain Last Install Date: 10/20/2015**

The marked items represent violations of Title 22 & 24, California Code of Regulations and must be corrected as follows. Violations marked with an asterisk (*) may require pool closure.

30. Approved Automatic Chlorinator/Brominator Installed

- An automatic chlorine feeder is **required** for every pool and spa.
- It must be functional and capable of feeding at least:
3 lbs. Chlorine per 10,000 gallons of water each day
- **Violations include routine hand dosing and placing tablets in the skimmer basket**



Violation



32. Free of Electrical Hazards*



- Bonding wires and Ground wires must all be properly attached to equipment and ground.



- GFCI (Ground Fault Circuit Interrupter) must work properly

32. Free of Electrical Hazards*



Pool Closure Required

35. Required Turnover Rate Maintained

- The time it takes for the circulation system to move the number of gallons equal to the volume of water in the pool/spa through the filtration equipment.
 - Pools = 6 hours
 - Spas and Spray grounds = 30 minutes
 - Wading pools = 60 minutes
 - Medical pools = 2 hours

How to Calculate Turnover Time

Example: **20,000 GALLON POOL**

There are 360 minutes in 6 hours

$20,000 \text{ gallons} / 360 \text{ minutes} = 55 \text{ gallons per minute flow rate required}$ in order to turn over all of the water within 6 hours


36. Operate Filtration System During Hours of Operation*

- The pool/spa recirculation system must be running during open hours.
- If the pool/spa is closed, recirculation system must operate for **at least 2 hours per day.**



38. Changed Equipment Without EHD Approval*

Equipment change out **must go through plan review.**



COUNTY OF YOLO
DEPARTMENT OF COMMUNITY SERVICES

Environmental Health Division
292 W. Beamer Street, Woodland, CA 95695
Phone (530) 666-8646 Fax (530) 669-1448

FOR OFFICE USE ONLY

DATE RECEIVED: _____

FACILITY ID #: _____

SR #: _____

FEES PAID: _____

RECEIPT #: _____

CC/CHK#: _____

Recreational Health Facilities Plan Check

NAME OF COMPLEX: _____

ADDRESS OF FACILITY: _____ CITY: _____ ZIP: _____

OWNER/DEVELOPER: _____ PHONE: _____

POOL CONTRACTOR: _____ PHONE: _____

CONTACT FOR PLANS: NAME _____ PHONE: _____

MAILING ADDRESS _____ EMAIL: _____

❖ All pool plans must be on at least 18" x 24" paper, drawn to scale (min. 1/4" per foot)
 ❖ All spa and wading pool plans must be on at least 18" x 24" paper, drawn to scale (min. 1" per foot)

Please check below type of work being performed:	
New Construction	<input type="checkbox"/>
Remodel	<input type="checkbox"/>
Minor Equipment Replacement	<input type="checkbox"/>

Check one: Pool Spa Wading Pool Water Park Attraction

Location on Premises: _____

Capacity: Gallons: _____ GPM (required): _____ Max bathing load: _____

Design: Shape: _____ Dimensions: _____ Area (sq.ft.): _____
 Depth (shallow): _____ Depth (deep): _____ Grade Break: _____
 CALC: _____
 Material: _____ Finish type & color: _____

Filter: Mfg.: _____ Type: _____ Model No.: _____
 Quantity: _____ Area (sq.ft.): _____ Turnover Capacity (GPM): _____

Pump: Mfg.: _____ Model No.: _____
 HP: _____ Capacity (GPM): _____

Jet Pump: Mfg.: _____ Model No.: _____ HP: _____ GPM: _____

Sanitizer: Type: _____ Mfg.: _____ Model No.: _____

Flow Meter: Type: _____ Mfg.: _____ Model No.: _____

Applicant Signature: _____ Date: _____

Summary – Reasons for Closure

- Gate does not self-close or self-latch
- Broken fences
- Free Chlorine:
 - Pools with Cyanuric Acid: less than **2.0 ppm**
 - Pools without Cyanuric Acid: less than **1.0 ppm**
 - Spas, Wading Pools, Spray Grounds: less than **3.0 ppm**
- pH less than **7.2** or greater than **7.8**
- Cyanuric Acid/Stabilizer greater than **100 ppm**
- Cloudy and main drain not visible
- Main drain and/or equalizer line cover(s) missing/broken/loose
- Spa temp greater than **108°F**
- Spa shut-off switch does not turn off booster and recirculation pumps
- Lighting/electrical hazard
- Filtration not operational
- Missing or non-operational automatic chlorinator

Closing Pools and Spas for Season

- Lock gates to prevent access
 - If tenants have keys, use an alternative lockout measure
- Post a “Pool Closed for Season” sign on all gates
 - Must be clearly posted if residents need to access pool area for other reasons (e.g., laundry, gym access).
- Water clarity must be maintained
 - Main drain must be clearly visible at all times
- If pool/spa is closed:
 - Run the recirculation equipment for at least **2 hours daily**
 - Maintain minimum of **1 ppm of chlorine**
 - Maintain pH between **7.2 and 7.8**



Sounds Too Complicated?!

- Hire a pool company
- Become a Certified Pool Operator

Yolo County Environmental Health

292 W. Beamer Street

Woodland, CA 95695

Main Line: (530) 666-8646

Fax: (530) 669-1448

Email: ehhealth@yolocounty.org
[website](#)

