



County of Yolo

DEPARTMENT OF COMMUNITY SERVICES

Environmental Health Division

292 W. Beamer Street, Woodland, CA 95695
 Phone (530) 666-8646 | Ehealth@yolocounty.gov

For Office Use Only

FA: _____
 SR#: _____
 Fees Paid: _____
 Receipt #: _____
 Chk/CC: _____
 Assigned to: _____

Application for Recreational Health Plan Review

Please submit one application per body of water.

All plan drawings must be on min. 18" x 24" paper, drawn to scale (min. 1/4" per foot).

Facility Name:		
Facility Address:	City:	Zip:
Facility Phone #:	Email:	
Property Owner:	Phone #:	

Contractor:	Contractor License #:	
Contractor Address:	City:	Zip:
Contractor Phone #:	Email:	

Contact for Plans:	Business Name:
Email:	Phone #:

1. Plan Check Type: New Construction Minor Equipment Change Remodel

2. Body of Water: Pool Spa Spray Ground Wading Pool

3. SCOPE OF WORK (use space below to describe work to be performed):

4. Complete below for NEW CONSTRUCTION (*Include a plan drawing and copies of equipment specification sheets with application)

Capacity: Gallons: _____ GPM Requirement: _____ Max Bathing Load: _____

Design: Material: _____ Pool Finish: _____ Pool Color: _____

Shape: _____ Dimensions: _____ Area (sq.ft.): _____

Depth shallow: _____ (ft) Depth-deep: _____ (ft) Grade break: _____

Filter: Quantity: _____ Total Area: _____ (sq.ft.) Turnover Capacity (GPM): _____

Manufacturer: _____ Model #: _____ Type: _____

Pump: HP: _____ Capacity (GPM): _____ Manufacturer & Model #: _____

Jet Pump: HP: _____ Capacity (GPM): _____ Manufacturer & Model #: _____

Sanitizer: Type: _____ Manufacturer & Model #: _____

Flow Meter: Manufacturer & Model # _____

Chemical Controller: Manufacturer & Model #: _____

Drain Covers: Will the drain covers be Sump *or* Sumpless?

Main:

Manufacturer _____ Model _____ GPM floor/wall _____

Jet:

Manufacturer _____ Model _____ GPM floor/wall _____

Equalizer:

Manufacturer _____ Model _____ GPM floor/wall _____

5. Complete below for REMODEL (*Include a plan drawing and copies of equipment specification sheets with application)

Specifications	
Surface Area Wall:	Proposed Drain Covers (<i>attach spec sheets to application</i>)
Pool/Spa Finish:	Pool/Spa Color:
Required Turn Over Rate (GPM):	Pump Type (make/model):
Depth (ft.):	Filter Type (make/model):
Volume (gal):	Is the Main Drain Split? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pipe Size of Main Drain (in.):	Main Drain <input type="checkbox"/> Sump <i>or</i> <input type="checkbox"/> Sumpless

6. Complete below for MINOR EQUIPMENT CHANGE (*Submit a copy of the specification sheets for the equipment being replaced)

Name of equipment being replaced (e.g., filter, pump): _____

Manufacturer: _____ Type: _____ Area (sq.ft.) (if applicable): _____

Model #: _____ HP: _____ GPM (if applicable): _____

Name of equipment being replaced (e.g., filter, pump): _____

Manufacturer: _____ Type: _____ Area (sq.ft.) (if applicable): _____

Model #: _____ HP: _____ GPM (if applicable): _____

As the owner or owner's authorized representative, I confirm the information provided is correct to best to my knowledge. I understand the application cannot be revised without prior approval from the Environmental Health Division.

Signature: _____ Title: _____ Date: _____