



# County of Santa Cruz

## HEALTH SERVICES AGENCY

701 OCEAN STREET, ROOM 312, SANTA CRUZ, CA 95060-4073  
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ENVIRONMENTAL HEALTH

[www.co.santa-cruz.ca.us/eh/ehhome.htm](http://www.co.santa-cruz.ca.us/eh/ehhome.htm)

### Swimming Pool and Spa Minor Remodel Plan Review

Name of Facility (dba):	
Address:	
Contact Person:	Phone #:
Year Pool Built:	
If multiple pools are on site, identify which one is to be remodeled:	

#### Size of Pool, Spa or Wading Pool

Gallorage:	(surface area)_____ x (avg. Depth)_____ x 7.48 gal./cu.ft. = _____ gallons
Turnover rate:	Pool: (gallons) / 360 minutes = _____ gpm
	Spa: (gallons) / 30 minutes = _____ gpm
	Wading Pool: (gallons) / 60 minutes = _____ gpm

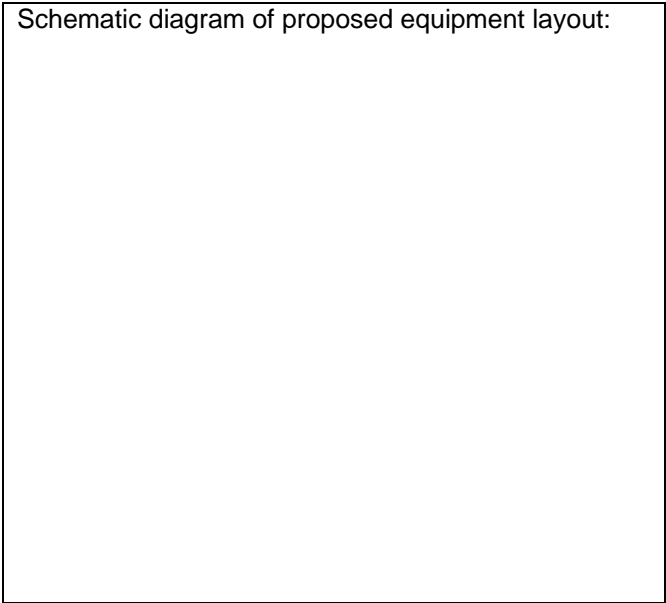
Equipment	Approved on File (office use only)	Existing or New
Filter: Make and Model: Type:		
Pump: Make and Model: H.P.:		
Sanitizer: Make and Model: Type:		
Flowmeter: Make and Model:		
Additional Information		
Number of Skimmers:		
Suction Plumbing Size and Type:		
Return Plumbing Size and Type:		

Minor remodel means remodeling of less than 30% of the pool, spa or wading pool structural area or equipment alterations, excluding replacement of like equipment solely for repair purposes. If you have any questions on whether your work falls into this category call (831) 454-2022 for clarification.

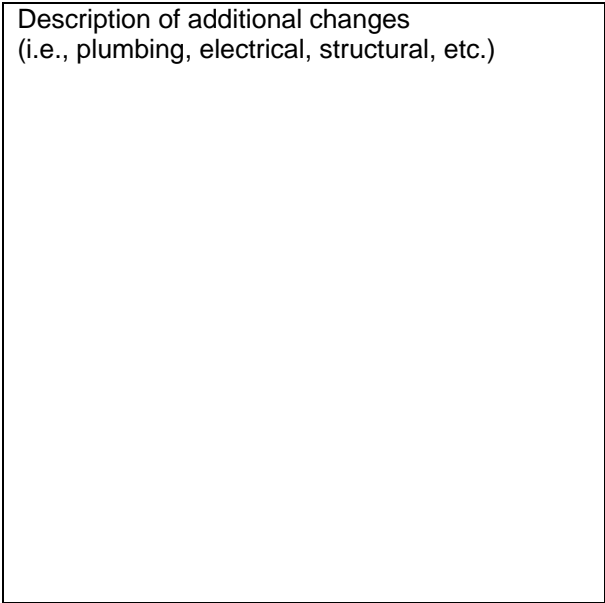
Proposed Filter cleaning options:

- Cartridge filters                      Provide a curbed area that flows into a sanitary sewer.  
Location: \_\_\_\_\_
  
- Sand Filters                              Provide an approved sanitary sewer connection with air gap.  
Waste line size: \_\_\_\_\_; Sump size: \_\_\_\_\_
  
- Diatomaceous filters                  Provide a separation tank  
Make: \_\_\_\_\_; Model: \_\_\_\_\_

Schematic diagram of proposed equipment layout:



Description of additional changes  
(i.e., plumbing, electrical, structural, etc.)



Company or individual doing work:

Name:	_____
Address:	_____
	_____
Phone and FAX numbers:	_____
Contractor's License number:	_____

Minor remodel approved by:

Date:

Comments:



An application for plan review must be submitted along with this form and any supporting information. A fee will be charged for the plan review of this application. Contact (831) 454-2022 for more information.