

There is an additional amount required when requesting Expedited Plan Check

Expedited Plan Check:  Yes  No

First Response Due: \_\_\_\_\_

(7working days)

County of Alameda  
Department of Environmental Health

PLAN CHECK WORKSHEET

Requestor yellow portion only:

Establishment Name: _____	
Street Address: _____	City + Zip: _____
Requestor/Contact Person: _____	
Phone No.: _____	Fax No.: _____
Owner's Name: _____	Phone No.: _____
Owner's Address: _____	City + Zip: _____

For Office Use:

Service Request No.: _____	Food ( )	Recreation ( )
Date First Received: _____	Census Tract: _____	
Plan Checker: _____	District E. H. Specialist: _____	

Plan Review Log No. Unit _____ -- _____ -- _____
Program Element: _____ Fee: \$_____ Payment: \$_____ Payment Type: _____
Hood-Program Element: _____ Fee: \$_____ Expedited-Program Element: _____ Fee: \$_____
Comments: _____

Activity Codes

O = Office

F = Field

CODE	TIME .25/HR.	DATE	ACTIVITY

When project is completed/terminated, sign here: \_\_\_\_\_ Date: \_\_\_\_\_  
Circle one of the above Plan Check Worksheet

# POOL/SPA/WADING POOL FORM – SCOPE OF WORK

<b>Pool Facility Name:</b>	<b>Date Submitted:</b>
<b>Facility Address:</b>	<b>City:</b> <span style="float: right;"><b>PR#:</b></span>
<b>Contact/Contractor:</b>	<b>Phone:</b>
<b>Work Description:</b>	

**Please complete the following information:**

SIZE OF POOL, SPA OR WADING POOL	
<b>GALLONAGE:</b>	(Surface Area) _____ x (Ave. Depth) _____ x 7.48 gal./cu.ft. = _____ gallons
<b>TURNOVER RATE:</b>	<b>POOL:</b> (gallons) / 360 minutes = _____ gpm <b>SPA:</b> (gallons) / 30 minutes = _____ gpm <b>WADING POOL:</b> (gallons) / 60 min. = _____ gpm

EQUIPMENT*	PLEASE COMPLETE
<b>FILTER:</b> Make and Model:  Type: (circle one)	<div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-around;"> <span>Sand</span> <span>D.E.</span> <span>Cartridge</span> </div>
<b>PUMP:</b> Make and Model: H.P.:	
<b>BOOSTER:</b> Make and Model: H.P.	
<b>SANITIZER:</b> Make and Model:  Type:	
<b>FLOWMETER:</b> Make and Model:	
<b>DRAIN COVERS:</b>  <b>(Attach manufacturer spec. sheets for approval)</b>  Make, Model and Expiration Date:	Number of Drains: <input type="checkbox"/> one <input type="checkbox"/> two <input type="checkbox"/> Other (specify #): _____  Split drains at least three feet apart and hydraulically balanced    ___ Yes    ___ No  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <b>Check which applies:</b> <input type="checkbox"/> Anti-entrapment drain cover(s): _____ <input type="checkbox"/> Safety Vacuum Release System <input type="checkbox"/> Suction Limiting Vent System <input type="checkbox"/> Gravity Drainage System <input type="checkbox"/> Automatic Pump Shut Off System <input type="checkbox"/> Other Systems
<b>EQUALIZER LINE COVERS:</b> <b>(Attach manufacturer spec. sheets for approval)</b> Make and Model Expiration Date:	<div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> <span></span> <span>Size:</span> </div> <b>Check which applies:</b> <input type="checkbox"/> VGBA compliant <input type="checkbox"/> Other (specify): _____

ADDITIONAL INFORMATION
<b>NUMBER OF SKIMMERS:</b>
<b>SUCTION PLUMBING SIZE:</b> SKIMMER: _____ MAIN DRAIN: _____ COMBINED (i.e. only one suction line): _____
<b>RETURN PLUMBING SIZE:</b>

**\*Install all equipment according to manufacturer's specifications.**

# POOL/SPA/WADING POOL FORM – SCOPE OF WORK

PLEASE COMPLETE

## PROPOSED FILTER CLEANING OPTIONS:

- |   |  |
|---|--|
| <input type="checkbox"/> Cartridge filters    | Provide a curbed area that flows into a sanitary sewer.<br>Location: _____                             |
| <input type="checkbox"/> Sand filters         | Provide an approved sanitary sewer connection with air gap.<br>Waste line size: _____ Sump Size: _____ |
| <input type="checkbox"/> Diatomaceous filters | Provide separation tank<br>Make: _____ Model: _____  |

Schematic diagram of proposed pool layout (show location of skimmers, drains, handrails, etc.):

*A fee will be charged for the plan review of this application. Contact (510) 567-6700 for more information.*