



# COUNTY OF RIVERSIDE DEPARTMENT OF ENVIRONMENTAL HEALTH

## Pool & Spa Renovation Worksheet

Name of Facility: \_\_\_\_\_ PR: \_\_\_\_\_ SR: \_\_\_\_\_  
 Site Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Contractor: \_\_\_\_\_ License #: \_\_\_\_\_ License Type: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Circle One:      **POOL**                      **SPA**                      **WADER**                      **WATER FEATURE**

**Scope of Work: (check all that apply):** *Include all modifications, upgrades, & additions that will be done during the renovation-regardless of whether multiple contractors are performing the work. The scope of work may require additional plan submittal.*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Resurfacing- White Plaster      | <input type="checkbox"/> Splitting suction outlets  | <input type="checkbox"/> Solar System Installation     |
| <input type="checkbox"/> Water line tile                 | <input type="checkbox"/> Coping (Provide detail)    | <input type="checkbox"/> Fencing (Provide fence plans) |
| <input type="checkbox"/> Trim tile                       | <input type="checkbox"/> Replace surface skimmers   | <input type="checkbox"/> Replace plumbing              |
| <input type="checkbox"/> Depth markers                   | <input type="checkbox"/> Decking                    | <input type="checkbox"/> Depth change (ie. Shallow)    |
| <input type="checkbox"/> Breakline tile @ 4 ½ foot depth | <input type="checkbox"/> Deck depth markers         | <input type="checkbox"/> Other Remodel: _____          |
| <input type="checkbox"/> Hand rails (Provide detail)     | <input type="checkbox"/> Bring equipment out of pit | <input type="checkbox"/> Drain covers                  |
| <input type="checkbox"/> Deep end exit ladder/grab rails | <input type="checkbox"/> Equipment addition/change  | <input type="checkbox"/> Pump replacement              |

**Pool or Spa Information:**

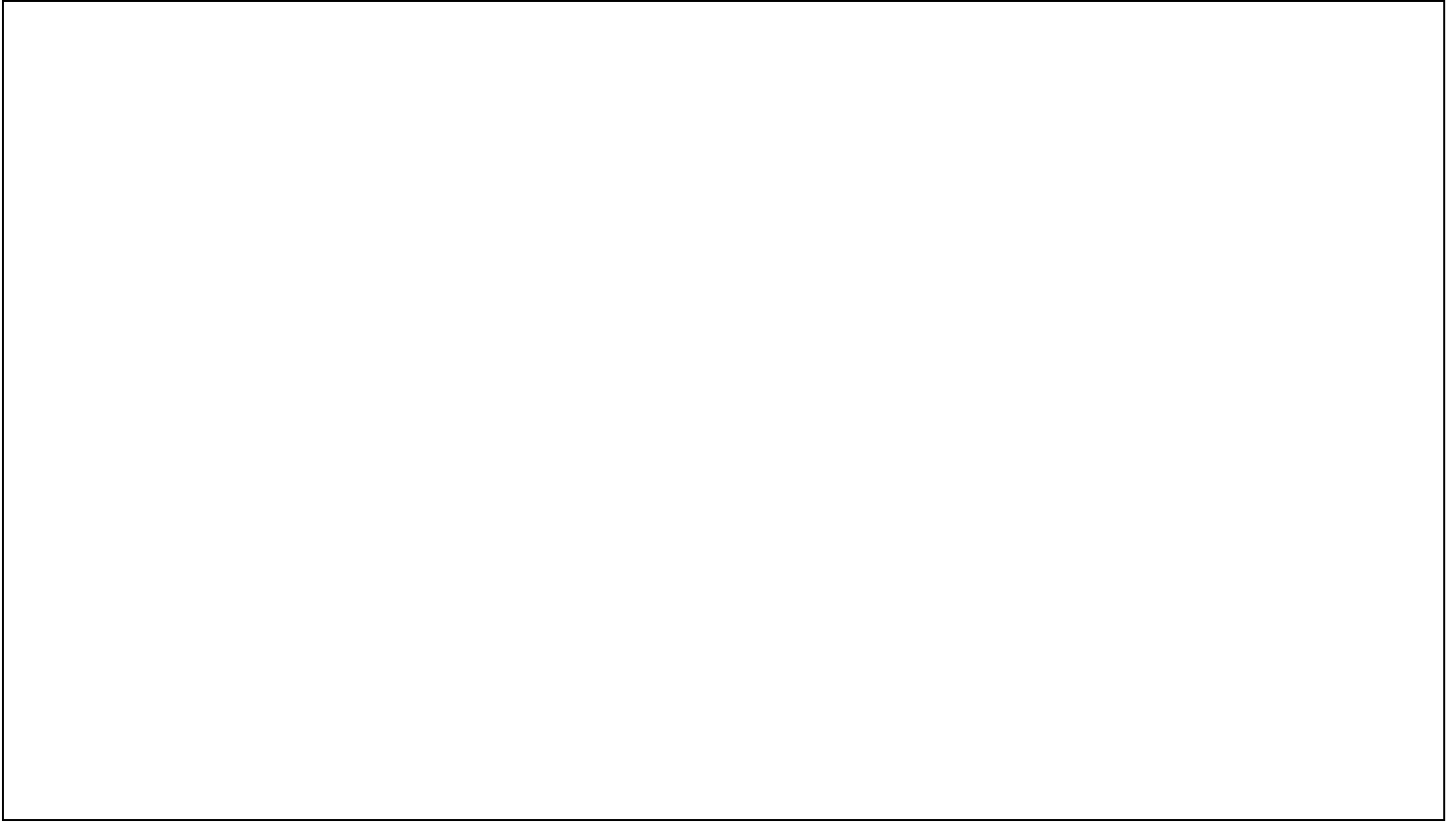
Surface Area _____ sq.ft.	Volume _____ gallons	Depth(s) Min: _____ Max: _____	Suction Pipe: _____ in. Return Pipe: _____ in. Piping Type: _____
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**Equipment Information:**

<input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	<b>Recirculation Pump</b> Make: _____ Model: _____ Hp: _____ Min flow: _____ gpm Max flow: _____ gpm <input type="checkbox"/> Split Main Drain <input type="checkbox"/> Unblockable Drain <input type="checkbox"/> Single Drain + SVRS: _____	Drain Covers Make: _____ Model: _____ <input type="checkbox"/> Floor <input type="checkbox"/> Wall   Max Flow: _____
<input type="checkbox"/> NEW <input type="checkbox"/> EXISTING <input type="checkbox"/> N/A	<b>Jet System Pump</b> Make: _____ Model: _____ Hp: _____ <input type="checkbox"/> Split Main Drain <input type="checkbox"/> Unblockable Drain <input type="checkbox"/> Single Drain + SVRS: _____	Drain Covers Make: _____ Model: _____ <input type="checkbox"/> Floor <input type="checkbox"/> Wall   Max Flow: _____
<input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	<b>Filter</b> Make: _____ Model: _____ Type: _____	Backwash:
<input type="checkbox"/> NEW <input type="checkbox"/> N/A <input type="checkbox"/> EXISTING	<b>Chlorinator</b> Make: _____ Model: _____	
<input type="checkbox"/> NEW <input type="checkbox"/> N/A <input type="checkbox"/> EXISTING	<b>Salt Chlorine Generator</b> Make: _____ Model: _____ Quantity: _____	
<input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	<b>Skimmer(s)</b> Make: _____ Model: _____ Quantity: _____	Equalizer Drain Covers Make: _____ Model: _____
<input type="checkbox"/> NEW <input type="checkbox"/> N/A <input type="checkbox"/> EXISTING	<b>Flow Meter</b> Make: _____ Model: _____	
<input type="checkbox"/> NEW <input type="checkbox"/> N/A <input type="checkbox"/> EXISTING	<b>Solar System</b> Submit a detailed plumbing schematic	<input type="checkbox"/> Separate pump system <input type="checkbox"/> Bypass Loop <input type="checkbox"/> Bypass Loop w/ booster

For office use only:	Approved                      Rejected	By: _____	Date: _____
For required inspections	<input type="checkbox"/> Plumbing <input type="checkbox"/> Pre-Plaster <input type="checkbox"/> Final	Contact: _____	

**Provide a TOP VIEW drawing of the pool/spa showing the locations of the following:** Depth markers, steps, ladders, trim tile, breakline tile, drain covers, skimmers, and equalizer covers. Include a plumbing diagram for all proposed plumbing modifications. Submit photographs of each pool/spa.



**Provide a SIDE VIEW Drawing of:**

**Stairs & Handrail (Label Dimensions)**

**Coping Detail (Label Dimensions)**

For office use only:      Approved      Rejected      By: \_\_\_\_\_      Date: \_\_\_\_\_  
For required inspections     Plumbing     Pre-Plaster     Final      Contact: \_\_\_\_\_