County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org
District of Environmental Services
POOL AND SPA RENOVATION WORKSHEET

Name of Facility: _____ PR: _____ SR: _____

Site Address: _____ City: _____ Zip Code: _____

Contractor: _____ License #: _____ License Type: _____

Telephone: _____ Fax: _____ E-mail: _____

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

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

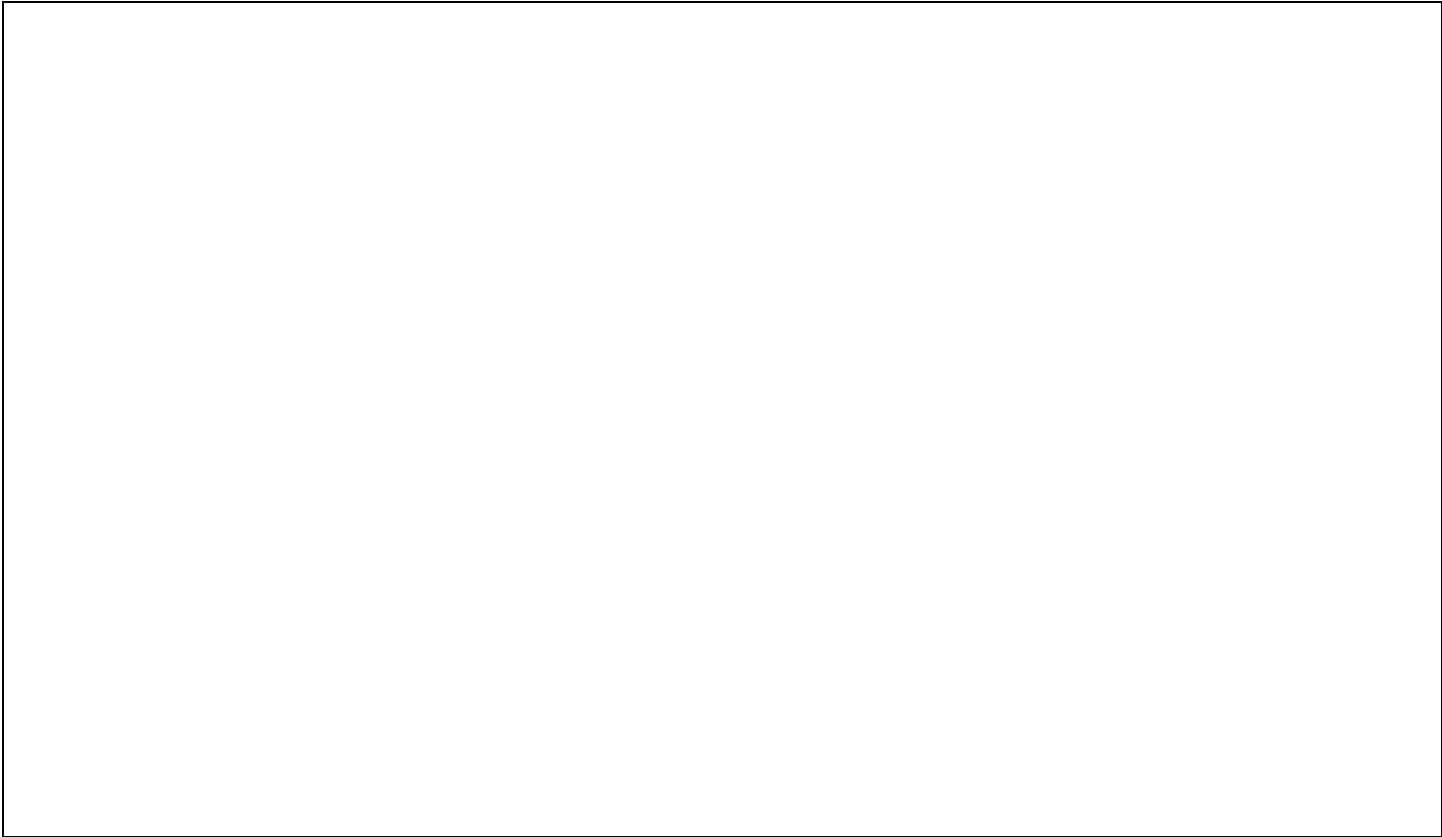|		
☐ Resurfacing-white plaster	☐ Splitting suction outlets	☐ Solar system installation
☐ Waterline tile	☐ Coping (provide detail)	☐ Fencing (provide fence plans)
☐ Trim tile	☐ Replace surface skimmers	☐ Replace plumbing
☐ Depth markers	☐ Decking	☐ Depth change (e.g. shallow)
☐ Breakline tile @ 4 ½ foot depth	☐ Deck depth markers	☐ Drain covers
☐ Hand rails (provide detail)	☐ Bring equipment out of pit	☐ Pump replacement
☐ Deep end exit ladder/grab rails	☐ Equipment addition/change	☐ Other remodel:_____

_____
_____
_____

Pool Information:

Surface Area	Volume	Depth(s)	Suction Pipe: _____in.
_____ sq.ft.	_____ gallons	Min: _____ft. Max: _____ft.	Return Pipe: _____in. Piping Type: _____

Equipment Information:

☐ NEW ☐ EXISTING	**Recirculation Pump** Make:_____Model:_____HP:_____ Min flow:_____gpm Max flow:_____gpm ☐ Split Main Drain ☐ Unblockable Drain ☐ Single Drain + SVRS:_____	**Drain Covers** Make:_____ Model:_____ ☐ Floor ☐ Wall Max Flow:_____
☐ NEW ☐ EXISTING ☐ N/A	**Jet System Pump** Make:_____Model:_____HP:_____ ☐ Split Main Drain ☐ Unblockable Drain ☐ Single Drain + SVRS:_____	**Drain Covers** Make:_____ Model:_____ ☐ Floor ☐ Wall Max Flow:_____
☐ NEW ☐ EXISTING	**Filter** Make:_____Model:_____Type:_____	Backwash:
☐ NEW ☐ N/A ☐ EXISTING	**Chlorinator** Make:_____Model:_____	
☐ NEW ☐ N/A ☐ EXISTING	**Salt Chlorine Generator** Make:_____Model:_____Quantity:_____	
☐ NEW ☐ EXISTING	**Skimmer(s)** Make:_____Model:_____Quantity:_____	**Equalizer Drain Covers** Make:_____Model:_____
☐ NEW ☐ EXISTING	**Flow Meter** Make:_____Model:_____	
☐ NEW ☐ N/A ☐ EXISTING	**Solar System** Submit a detailed plumbing schematic	☐ Separate pump system ☐ Bypass loop ☐ Bypass loop w/ booster

All electrical, plumbing, mechanical, and structural repairs and installations shall be done under permit with the local Department of Building and Safety.

For office use only:	APPROVED	REJECTED	By: _____	Date: _____
For required inspections	☐ Plumbing ☐ Pre-Plaster ☐ 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.

Provide a SIDE VIEW Drawing of:

Stairs & Handrail (Label Dimensions)	Coping Detail (Label Dimensions)

Submit a photograph(s) of each body of water.