MENDOCINO COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

APPLICATION

FOR

SWIMMING POOL CONSTRUCTION

IN MENDOCINO COUNTY

Environmental Health Division
Swimming Pool or Spa Application

Date Rec'd	
Rec'd By	
Payment #	
Amount Rec'd	

Approved By: _____ Date: _____ Facility ID#: _____

501 Low Gap Road, Room 1326 Ukiah, CA 95482 Phone: (707) 463-4466 Fax: (707) 463-4038

Pool/Spa Name		Pool/Spa Phone #
Facility Address		City
Owner Name	Owner Phone #	Owner Fax #
Facility Mailing Address	City and State	Zip Code

Designer Name	Designer Phone #	Designer Fax #
Designer's Address	City and State	Zip Code
Contractor Name	Contractor Phone #	Contractor Fax #
Contractor's Address	City and State	Zip Code

In applying for this permit, the owner/applicant agrees to allow inspections by the health inspector in order to ascertain compliance with California Code of Regulations, Title 22.

In addition, the owner/applicant agrees to the following:

1. Install all piping in accordance with approved plans and not to cover or backfill until inspected and approved by the Environmental Health Inspector. (California Code of Regulations, Title 24, Sections 9013, 9042, 9043).
2. Notify the Environmental Health Division of any alterations or deviations from the approved plans and obtain approval prior to making changes. (California Code of Regulations, Title 22, Section 65509).
3. Contact the Environmental Health Division for inspection and approval at least 48 hours in advance of guniting or constructing the pool shell. (California Code of Regulations, Title 22, Section 65511).
4. Contact the Environmental Health Division for inspection and approval at least 48 hours in advance of placing the pool in operation. (California Regulations, title 22, Section 65511). All equipment shall be fully functional and in operation. Water chemistry shall also be in compliance.

Change of Ownership requires a new updated application, a one-time administrative fee of **$113.00** (per BOS Resolution 07-117), and determination by the health inspector that the facility meets current code requirements prior to a new permit being issued.

Owner/Applicant Signature:	Date:
Owner/Applicant Name (Printed):	**Pool/Spa ID #: (To be assigned by EH Staff)**

Do Not Write Below This Line – For Staff Use Only

Date Plans Submitted:	Fee Received By:	Approval Date:
Plan Fee Submitted:	Payment #:	Approved By:
Pre-gunite Inspection Date:	Final Inspection Date:	

COUNTY OF MENDOCINO
ENVIRONMENTAL HEALTH DIVISION

ENVIRONMENTAL HEALTH
CONSUMER PROTECTION
RECREATIONAL HEALTH

Date_____

SUBJECT: Swimming Pool and/or Spa located at: _____

I, _____, the owner or agent of the above listed pool (s) do hereby agree to:
Please Print

1. Provide deck drains or surface drainage in accordance with approved plans. California Code of Regulations, Title 24, Section 9018.

2. Construct dressing, shower and toilet facilities in accordance with approved plans. California Code of Regulations, Title 24, Section 9021.

3. Construct fencing and gates in accordance with approved plans. California Code of Regulations, Title 24 Section 9024

4. Install all piping in accordance with approved plans and do not cover or backfill until inspected and approved by the District Environmental Health Specialist. California Code of Regulations, Title 24, Sections 9013, 9042, 9043.

5. Notify Environmental Health Division of any alterations or deviations from the approved plans and obtain approval prior to making changes. California Code of Regulations, Title 22, Section 65509.

6. Notify Environmental Health Division for inspection and approval 48 hours in advance of guniting or constructing the pool shell. California Code of Regulations, Title 22. Section 65511.

7. Notify Environmental Health Division for inspection and approval 48 hours in advance of placing the pool in operation. California Code of Regulations, Title 22, Section 65511. All equipment shall be fully functional and in operation. Water chemistry shall also be in compliance.

FOR INSPECTION CALL:
Ukiah: (707) 463-4466 Fort Bragg: (707) 961-2714

_____
Signature of Owner or Agent

OWNER:

The Mendocino County Environmental Health Division has approved the plans for the subject swimming pool and/or spa. Any changes or deviations from these plans will automatically nullify Environmental Health Division's approval unless such changes or deviations are, approved in writing by this Division.

By: _____
Environmental Health Specialist

UKIAH OFFICE: 501 Low Gap Rd., Rm.1326 Ukiah, CA 95482
(707) 463-4466 FAX (707) 463-4038

FORT BRAGG OFFICE: 790-A1 S. Franklin St, Fort Bragg, CA 95437
(707) 961-2714 FAX (707) 961-2720

Ukiah Office
501 Low Gap Rd., Rm 1326
Ukiah, CA 95482
(707) 463-4466
Fax: (707) 463-4038

Fort Bragg Office
790-A So. Franklin St.
Fort Bragg, CA 95437
(707) 964-4713
Fax: (707) 961-2720

MENDOCINO COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

APPLICATION FOR SWIMMING POOL CONSTRUCTION IN MENDOCINO COUNTY

Plans accepted by the Division of Environmental Health are required to include certain pertinent information. If this information is not provided, the plan check review cannot be completed and Health Department approval of construction cannot be granted.

To assist you in assembling the necessary information, we have provided the attached checklist. Please check each section to ensure that the information has been provided and your submittal is complete. This checklist, while helpful, may not be inclusive. Please refer to State codes which are compiled in "The Design, Construction, Operation and Maintenance of Public Swimming Pools" for additional requirements and details which may be applicable to your specific project. Be advised that detailed decking, fencing, gate and ancillary facility plans are required before plans will be approved. ("By others" and "per code" are not acceptable.)

There are to be NO changes made which deviate from the plans and information submitted without Health Department approval shown on both the contractor's plan and check sheet and those copies held by the Health Division. To be valid, these approvals must be signed and dated by an Environmental Health Specialist.

Completion and Approval - Contractor must notify the Health Department at least two full working days in advance for both the pre-gunite inspection and the final inspection before allowing use by the public.

Location of pool: _____

Owner's name & mailing address: _____

_____

Owner's phone number: _____ Owner's FAX: _____

Pool designer's name & address: _____

_____

Pool designer's phone number: _____ Pool designer's FAX: _____

Contractor's name & address: _____

_____

Contractor's phone number: _____ Contractor's FAX: _____

FOR OFFICE USE ONLY:

Date plans submitted _____ Approved? (Y/N) _____ Date Notified _____

Reviewed by: _____ District Inspector: _____

Pre-gunite inspection date: _____ Final inspection date: _____

Subsequent inspection dates: _____ Date Permit to Operate Issued: _____

Ukiah
501 Low Gap Rd., Rm 1326
Ukiah, CA 95482
707-463-4466
Fax: 463-4038

Fort Bragg
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707-964-4713
Fax: 961-2720

COUNTY OF MENDOCINO

DEPARTMENT OF PUBLIC HEALTH
COURTHOUSE
UKIAH, CALIFORNIA 95482

SWIMMING POOL CHECK SHEET

Pool Name _____ Location/Address _____ City _____

Type of Pool: Standard____ Spa____ Wading____ Other _____

Volume of Pool in gallons: _____ Show calculation:_____

Surface Area:_____ Show calculation:_____

Required Turnover: standard (6hrs)____ spa (1/2 hr.)____wading (1hr)____temporary (2hrs)

Gallons per minute:_____Show calculation:_____

Filter: Make and Model:_____

Area in sq. ft.: _____Quantity of filters:_____Total area in sq. ft.:_____

Pump: Make and Model:_____

Horsepower:_____Quantity of pumps:_____ Total output in GPM:_____

Spa Booster Pump: Make and Model:_____

Horsepower:_____Quantity of pumps:_____ Total output in GPM:_____

Cut sheet checklist: *One copy of each of the following cut sheets with make and model designated is included in this submittal:*

Recirculation pump with pump curve_____ Spa booster pump with pump curve_____

Skimmers _____ Filters_____ Disinfectant feeder_____ Flowmeter_____

Drain grates (showing open area)_____Hydrostatic relief valve_____

Gauges_____Spa shell_____Ladders_____Stepholes_____Handrails_____

****

ALPHABETICAL LISTINGS OF THE FOLLOWING CHECK LIST ARE BASED UPON SECTIONS CONTAINED CALIFORNIA HEALTH AND SAFETY CODE, CALIFORNIA CODE OF REGULATIONS, CALIFORNIA BUILDING CODE, AND CALIFORNIA ELECTRICAL CODE.

****

A. Plans (65505)

_____1. Two sets of plans are submitted to scale with overhead view showing dimensions and sectional view showing slope.

_____2. All pool plans except those for spas and wading pools are drawn to scale of 1/4 inch = 1 foot.

_____3. Plans for spas are drawn to scale of 1 inch = 1 foot.

_____4. Show pool location in relationship to all buildings on property. (Smaller scale acceptable on plot plan only.) Show north arrow.

B. Special Pool Classifications (3103B)

_____1. SPA: Maximum surface area 250 sq. ft.; maximum depth 4 ft.

_____2. Temporary Training Pool: Maximum depth 3 ft.

_____3. Wading Pool: Maximum depth 18 inches; maximum sidewall depth 12 inches.

C. Pool Construction (3106B)

_____1. Specify structure of pool is re-bar & gunite with white plaster finish. Cathodic protection recommended.

_____2. SPA pools permitted to be finished in a pastel color other than white.

_____3. SPA pool bench and step edges to be a contrasting color.

_____4. Pool free from projections or recessed area. EXCEPTION: Benches permitted in SPA pools if the water depth over a bench does not exceed 24 inches.

D. Temporary Training Pool - Additional Requirements (3107B)

_____1. Complies with section 3106B.

_____2. Installed on a paved level surface with extends at least 10 ft. beyond pool walls.

_____3. Provided with a solid cover that will support 40 lbs./sq. ft.

_____4. Pool and cover designed by a California registered engineer.

E. Geometry (3108B)

_____1. Geometry of pool conforms to one of the appropriate diagrams at figures 2-9013 (a) (1) through 2-9013 (a) (3). EXCEPTION: Special use pools permitted a depth greater than 3 ½ ft. at shallow end.

_____2. Safety rope fasteners required at 4 ½ ft. depth when there is a break in slope.

F. Permanent Markings (3109B)

_____1. Four inch wide slip resistant line of contrasting color across bottom of pool required at 4 ½ foot depth. EXCEPTION: Pools with depth not exceeding 5 feet are exempt from requirement.

_____2. Depth markers required at (a) maximum depth, (b) minimum depth, (c) each end, (d) break in slope, (e) on perimeter at increments not exceeding 25 feet. EXCEPTION: SPA and wading pools shall have at least 2 maximum depth markers.

_____3. Corresponding slip resistant depth markers strongly recommended on edge of deck. If pool width greater than 20 feet, slip resistant depth markers *required* on edge of deck.
_____4. Width of lane line markings not to exceed 12 inches.
_____5. Design on bottom or sides which resembles human form prohibited.

G. Steps and Ladders (3110B)
_____1. If depth in shallow portion exceeds 2 feet, steps or ladders required.
_____2. If depth in deep portion exceeds 4 ½ feet, ladders are required. Clearances between ladder and pool wall ≥ 3 inches and ≤ 5 inches.
_____3. If pool width exceeds 30 feet, ladders required on both sides at increments not exceeding 100 feet.
_____4. Minimum tread of stairs 12 inches, maximum risers 12 inches. If top steps curved convexly, top step tread to be at least 18 inches.
_____5. Safety rail extends from deck to a point above top of lowest step. Upper surface of safety rail located at least 28 inches above deck. EXCEPTION: See #7.
_____6. Minimum tread of steps and stepholes 5 inches; width 14 inches.
_____7. SPA: Two safety rails, required for 12 inch risers; one safety rail required for 9 inch riser. Leading railing edge extends to a point not less than 12 inches from the plane of the bottom riser.

H. Handholds (3111B)
_____1. Located not more than 9 inches above water level. EXCEPTION: Handholds not required at wading pools.
_____2. Bull-nosed coping or cantilevered decking that is not over 2 ½ inches thick for outer 2 inches. EXCEPTION: (1) Other types of handhold permitted at SPAS. EXCEPTION: (2) See #3.
_____3. For special use pools used for instruction or competitive swimming, perimeter overflow lip required.

I. Decks (3113B)
_____1. Four foot minimum deck to surround pool and rear of diving board. EXCEPTION: Deck required only on 50% of SPA pool perimeter. SPA deck to be at least 4 ft. wide at steps.
_____2. Decking and coping shall be concrete or concrete-like and slip resistant.
_____3. Six foot clearance between SPA and adjacent pool.
_____4. Deck sloping at least 1/4 inch per foot away from pool to deck drain.
_____5. If there are deck drains, not more than 400 square feet/drain and drains space not more that 25 feet apart.
_____6. Temporary training pool: Deck may be omitted. If raised deck provided, handrail required at perimeter.
_____7. SPA: Landscape planters, flower beds, or similar unpaved areas shall not be located within 4 feet of SPA.
_____8. Provide details of deck lighting showing compliance with Title 24, section 3115, i.e.: location of lights, wattage, etc.

J. Showers, Dressing Facilities, and Toilets (65551 and 3115B)

_____1. One bather/15 square feet of pool surface. Divide factor by 2 to determine sex distribution.

_____2. One shower/50 bathers. EXCEPTION: Showers and dressing facilities not required if available in adjacent living quarters.

_____3. One toilet/60 women; one toilet and urinal/75 men; one lavatory/80 bathers. EXCEPTION: Restrooms not required if they are available within 300 ft. of pool at living quarter or adjacent building.

_____4. Floor must be non-skid, slip resistant, and extend upward onto wall at least 5" with an integrally coved base and shall sloped not less than 1/4 inch/ft. to floor drains. (Carpet is not allowed in toilet or shower rooms.)

_____5. Smooth moisture resistant wall finishes throughout.

_____6. Design and construction to include provisions for privacy.

_____7. Shower temperature control which limits temperature to 110°F.

_____8. Single service soap dispensers provided at lavatories and showers. Paper towel dispensers or hot air blowers provided at lavatories. Toilet paper dispensers provided at toilets.

K. Drinking Fountains (3116B)

_____1. Guarded angle jet drinking fountains required unless water is available at living quarters or adjacent building. Number of fountains based upon one bather/15 square feet and computed at 1 fountain/250 bathers plus an additional fountain for each additional 200 bathers.

L. Hose bibbs (3117B)

_____1. Provided at each pool and protected against backflow.

_____2. Located such that hose no longer than 75 feet can reach all areas of deck without crossing pool.

M. Fencing and Gates (3118B)

_____1. Provided at each pool and pool enclosed by 5 ft. minimum height fence, building, or enclosure.

_____2. Openings in fence or enclosure not to exceed 4 inches.

_____3. Botton of enclosure to be within 2" of finished grade.

_____4. Horizontal member designs to be spaced at least 48" apart. Chain link horizontal openings not to exceed 1 3/4 inches.

_____5. Gate shall be equipped with a self-closing and self-latching device, which opens outward, and is located not less than 3 ½ ft. above deck. Handles $\geq$ 42" above ground.

_____6. Gates are capable of being locked when pool is closed.

_____7. Means of egress without a key provided. Label as "Emergency Exit" if not all exits are so equipped.

N. Safety Signs and Equipment (3119B)

_____1. Occupant Load - 1 bather/20 sq. ft. of water surface area except SPA 1 bather/10 sq. ft. EXCEPTION: Wading pools exempt.

_____2. SPA warning sign.

_____3. "No Diving Allowed" sign for pools less than 6 ft. deep.

_____4. Gas Chlorine warning sign.

_____5. Warning sign for pools without pool lighting.

O. Indoor Ventilation (3120B)

_____1. Indoor pools shall be adequately ventilated.

P. Pool Equipment Room(3121B)

_____1. Equipment to be mounted on concrete pad and sloped at least 1/4 inch/foot to drain, floor sink, or sump.

_____2. Equipment room to have a light and to be properly ventilated.

Q. Gas Chlorine Room (3122B)

_____1. Room not located below ground level.

_____2. Entry door shall open to the exterior of the building and shall not open directly towards the pool or pool deck.

_____3. Fresh air intake within 6 inches of ceiling.

_____4. Mechanical exhaust which produces at least 60 air changes/hr. and is vented to outside air. Discharge located at least 10 ft. from windows or adjacent building.

R. Recirculation (3123B-3125B)

_____1. All equipment and valves requiring inspection, adjustment, and repair are readily accessible.

_____2. Pool and SPA flow velocity not to exceed 10 ft./second on inlet piping and 8 ft./second on suction piping. Wading pools must be $\leq$ 6 ft/second for all bottom drain pipes. Show all pipe diameters.

_____3. Pressure gauge on influent and effluent lines

_____4. Flowmeter.

_____5. Hair and lint strainer on suction side of the recirculation pump.

_____6. Vacuum gauge on suction type filters.

_____7. SPA: Two spa pools permitted to share the same recirculation and treatment system provided that the flow and chlorination are individually metered and adjustable.

_____8. Valves installed on recirculation, backwashing, and drain system lines requiring flow control.

S. Pump Capacities - Design flow (3126B)

_____1. Pressure D.E. - 60 ft. head.

_____2. Vacuum D.E. - 40 ft. head.

_____3. Rapid sand - 45 ft. head.

_____4. High rate sand - 60 ft. head.

_____5. Cartridge - 60 ft. of head

T. Water Supply (3127B)

_____1. Permanently installed line. EXCEPTION: Spa pools, temporary pools and pools less than 1500 gallons are exempt.

_____2. Air gap, vacuum breaker, or double check valve attached to permanently installed line.

U. Filter Requirements (3128B-3131B)

_____1. Rapid sand - maximum 3 GPM/sq. ft.; Backwash minimum 12 GPM/sq. ft.

_____2. D.E. - maximum 2 GPM/sq. ft. maximum 2 ½ GPM for continuous feeding of filter aid for pools 2000 square feet or more.

_____3. High rate sand - suggested maximum 15 GPM/sq. ft. ; backwash minimum 15 GPM/sq. ft.
_____4. Cartridge - suggested maximum 0.375 GPM/sq. ft.

V. Disinfectant Feeder (3133B)
_____1. Approved type. Provide cutsheet.
_____2. Provides the equivalent of three pounds chlorine per day per 10,000 gallons of pool water capacity. (Volume of pool in gallons x 0.0003 = required gallons per day.)

W. Skimmers (3134B.1) (pool area not over 5000 square feet.)
_____1. One skimmer for each 500 sq. ft. or fractional part hereof.
_____2. Capable of withdrawing minimum 75% required recirculation capacity.
_____3. If gpm through skimmer could be $\geq$ 50, additional skimmer recommended.
_____4. Equalizer line required.

X. Perimeter Overflow (3134B.2) (Required for pools over 5000 square feet.)
_____1. Capable of withdrawing minimum of 75% required recirculating capacity.
_____2. Channel minimum 3 inches deep; bottom width of channel minimum 3 inches; opening beneath deck into channel minimum 4 inches.
_____3. Channel lip maximum 12 inches below top of deck; round lip edge maximum thickness 2 ½ inches for top 2 inches, minimum thickness 1 inch for top 2 inches.
_____4. Channel outlet minimum 2 ½ inches spaced not more than 15 feet apart and channel slope to outlets not less than 1/4 inch/ft.
_____5. Channel drain gates 1 ½ times area outlet pipe.
_____6. Surge tank storage minimum 1 gallon/sq. ft. of pool surface.
_____7. Automatic surge flow control to make-up water with manual override for maintaining pool water level.

Y. Bottom drain and outlets (3134B.3 and 3108B.2)
_____1. Flat grates strongly recommended.
_____2. Cutsheet provided for flat bottom drain grate showing open area in square inches. Open area must be such that velocity is $\leq$ 6.2 gpm.
_____3. Designed so that the pool can be emptied and circulation can take place.
_____4. Grates removable only with tools.
_____5. SPA ONLY - Duplicate drains for both the recirculation system and aeration/jet system or single drains with safety covers for both systems.
_____6. Specify hydrostatic relief valve under main drain sump. EXCEPTION: SPA and wading pools.
_____7. Cutsheet provided for equalizer grate showing it is anti-hair entrapment. (Flat grates strongly recommended.)

Z. Inlets (3134B.5)
_____1. Minimum of 2 inlets for the first 10,000 gallons and one inlet for each additional 10,000 gallons or fractional part. EXCEPTION: Minimum of 1 inlet permitted at SPA.
_____2. Located not less than 18 inches below waterline. EXCEPTION: SPA and wading pools exempt.
_____3. Pools greater than 40 ft. width: one floor inlet/10,000 gallons or fractional part.

_____4. Inlet fittings separated by 10 feet.
_____5. Adjustable fittings required.
_____6. Running the inlet main line all the way around the pool is strongly recommended as a provides a more even flow. Can you do this?

AA. Aeration/jet system (SPA ONLY) (3135B)
_____1. Shall be separate from filtration system and not interconnected with non-spa pool.
_____2. Flat grates strongly recommended for spa booster system.

BB. Waste Disposal (3137B)
_____1. Sight glass (not required if readily visible air gap connection to sewer provided).
_____2. Show location sump in equipment room for backwash and pool draining. (Sump dimensions of 2' x 2' x 2' recommended.)
_____3. Specify that sump drains to sanitary sewer.
_____4. Indirect connection required.

CC. Electrical (116049-116049.1)
_____1. Underwater light and area lighting if pool used at night.
_____2. Encapsulated terminals and ground-fault circuit interrupter required.
_____3. Specify location of SPA emergency shut-off switch.
_____4. See Sections 680-12 and 680-13.

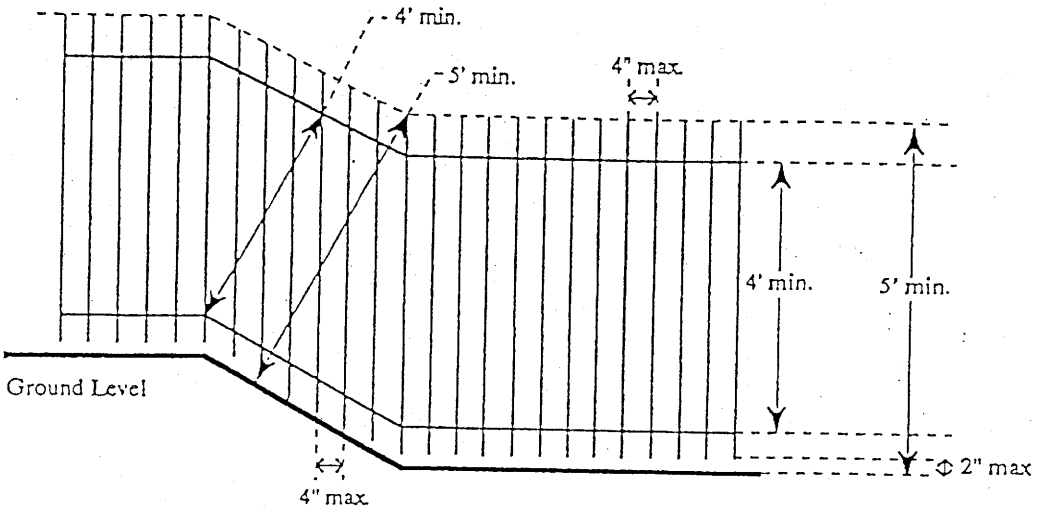

Figure 31B-4 Perpendicular fencing dimensions on sloping ground.

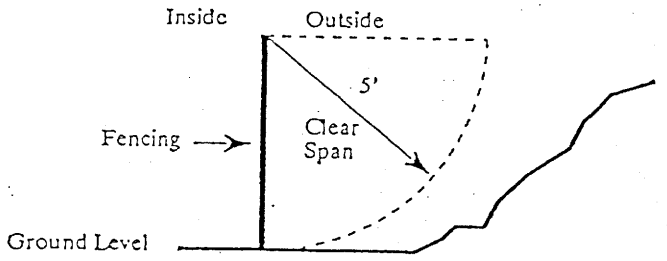

Figure 31B-5 Effective fencing height.