Drain Cover and Equalizer Cover Replacements in Public Pools and Spas

To be in compliance with Health and Safety Code Sections 116064.1 and 116064.2-Anti-Entrapment Devices and Systems, drain covers and equalizer covers in pools and spas shall be replaced based on the manufacturer’s stated expiration date or in the event that they become damaged. The following process shall be followed when drain covers/equalizer covers are to be replaced on public pools and spas in Nevada County.

1. Drain covers/equalizer covers shall **ONLY** be replaced by a professional contractor or engineer with one or more of the following licenses defined by the California State Licensing Board (CSLB):
   a. General Engineering Class A
   b. Plumbing Contractor C36
   c. Swimming Pool Contractor C53
   d. Limited Specialty/Pool and Spa Maintenance C61/D35

   For a detailed description of each of these professional classifications, visit the California State Licensing Board at [https://www.cslb.ca.gov/About_Us/Library/Licensing_Classifications/](https://www.cslb.ca.gov/About_Us/Library/Licensing_Classifications/)

   If the pool owner/operator/permit holder does not possess one of the above licenses, they shall obtain a qualified professional to complete the work.

2. The licensed pool contractor or engineer shall complete the Nevada County Environmental Health Dept. VGB Swimming Pool Plan Check Submission Form for each body of water and submit it to our office for approval. Along with the Nevada County Environmental Health Dept. VGB Swimming Pool Plan Check Submission Form, an agreement to pay form, and a plan review fee of $93.43 for each body of water shall also be submitted to our office. This step shall be done PRIOR to performing the drain cover/equalizer cover replacements. **Do not** replace the drain covers/equalizer cover until they have been approved by the Nevada County Department of Environmental Health.

3. Once the Nevada County Environmental Health Department has checked and approved the submittal, staff will notify the pool contractor that it is ok to proceed with the work.

4. Within 30 days after the licensed pool contractor has performed the drain cover/equalizer cover replacements, the State of California Department of Public Health (CDPH) VGB AB1020 Anti-Entrapment Devices compliance form shall be submitted to our office. This form shall be signed by the licensed contractor who performed the work.
# Nevada County Environmental Health Department

## VGB Swimming Pool Plan Check Submission Form

This form should **ONLY** be used to submit plans for compliance with the Virginia Graeme Baker Pool and Spa Safety Act (California Health and Safety Code Section 116064.2) USE ONE FORM FOR EACH BODY OF WATER.

<table>
<thead>
<tr>
<th>FACILITY NAME AND ADDRESS</th>
<th>CONTACT PHONE NUMBER AND EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTRACTOR NAME AND ADDRESS</td>
<td>LICENSE #</td>
</tr>
<tr>
<td>BODY OF WATER TYPE:</td>
<td>POOL LENGTH</td>
</tr>
<tr>
<td>POOL</td>
<td>SPA</td>
</tr>
<tr>
<td>□ OTHER</td>
<td>MAIN SUCTION LINE SIZE:</td>
</tr>
<tr>
<td>MAIN RETURN LINE SIZE:</td>
<td>□ COPPER</td>
</tr>
<tr>
<td>RECYCLE PUMP MAKE/MODEL*</td>
<td>HP</td>
</tr>
<tr>
<td>HP</td>
<td>MAIN DRAIN COVER MAKE AND MODEL</td>
</tr>
<tr>
<td>WALL:</td>
<td>FILTER MAKE AND MODEL</td>
</tr>
<tr>
<td>EQUALIZER LINE COVER MAKE AND MODEL</td>
<td>GPM RATING:</td>
</tr>
<tr>
<td>FLOOR:</td>
<td>WALL:</td>
</tr>
<tr>
<td>SUCTION VACUUM RELEASE SYSTEM (SVRS) MAKE AND MODEL IF INSTALLING</td>
<td></td>
</tr>
</tbody>
</table>

When submitting this request, the following items must be attached:

- Performance (pump) Curve for each pump listed above.
- Specification sheet for each cover listed above.

**ONCE APPROVED AND INSTALLED THE CONTRACTOR MUST SUBMIT THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH COMPLIANCE FORM FOR ANTI-ENTRAPMENT DEVICES AND SYSTEMS FOR PUBLIC POOLS AND SPAS.**

***FOR OFFICE USE ONLY***

<table>
<thead>
<tr>
<th>Facility #</th>
<th>Program Rec #</th>
<th>□ APPROVED</th>
<th>□ NOT APPROVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHS</td>
<td>DATE</td>
<td></td>
<td></td>
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</tbody>
</table>
ANTI-ENTRAPMENT DEVICES AND SYSTEMS FOR PUBLIC POOLS AND SPAS

INSTRUCTIONS FOR COMPLETING FORM

- Use one form for each pump or multiple pumps under the same drain cover. For example, a spa with a recirculation pump and a jet pump each with their own set of split drains that terminate under a different drain cover will require two forms. However, two pumps with split drains that terminate under the same drain cover will require only one form.

- All sections of the form must be completed.

- Print legibly.

- Return the completed form to your local Environmental Health Department.

Site Information

- Enter Facility Number in red box at top left of this section
- Facility name – name of facility or OBA (e.g. Oak Glen HOA, Palms Apartments).
- Pool Identification – description of the pool which will identify it when there is more than one pool on the property.
- Facility Address – address, city, state, and zip code of the facility where the pool or pools are located.
- Owner’s name – owner, owner’s representative, or corporation name.
- Owner’s address – address, city, state, zip, and telephone number of the owner or owner’s representative.
- Indicate if the pool was constructed on or after January 1, 2010.

Pump Information

- Identify the type of pump that is connected to the drain. If two pumps terminate under one set of split drains (e.g., one side of a split suction drain is used for both a recirculation pump and a jet pump), describe both pumps. For each pump, provide the make, model number, and horsepower. Remember, complete a separate compliance form if the additional pump is connected to a different drain cover.

Main Drain (Includes All Suction Outlets Except Skimmer, Equalizer Lines)

- Provide the manufacturer, make and model; and the date the drain cover was installed.
- Provide the floor and wall flow rating in gallons per minute for the drain cover. Note: If there are two different drain covers (e.g. one on the wall and one on the floor), there is space on the compliance form to complete drain cover information for each drain.
➢ Indicate the size of the pipe terminating at the main drain or jet suction.

➢ Check a box to indicate the configuration of the drain.
  ➢ Split Main Drains - means there are two drains that are hydraulically balanced and symmetrically plumbed and are separated by a distance of at least three feet in any dimension between the suction outlets.
  ➢ Single Drain - Unblockable means there is one drain approved to be unblockable so that a human body cannot sufficiently block it to create a suction hazard.
  ➢ Single Drain - Not Unblockable - means there is a single drain which can be sufficiently blocked by a human body to create a suction hazard. This type of drain must be protected by an approved safety vacuum release system or other equally or more effective system. Provide the type of device installed, manufacturer, model, and indicate which type of performance standard is marked on the device (ASTM F2387 or ASME/ANSI standard A112.19.17).

➢ Skimmer Equalizer Line(s)
  ➢ Provide the manufacturer, make and model, and the date the drain cover was installed.
  ➢ Provide the floor and wall flow rating in gallons per minute for the drain cover. Note: If there are two different drain covers (e.g. one on the wall and one on the floor), there is space on the compliance form to complete drain cover information for each drain.
  ➢ Indicate the size of the skimmer equalizer line pipe.
  ➢ Indicate number of skimmers.

➢ Contractor/Engineer Certification Section
  ➢ Enter a valid California State Contractor's license number.
  ➢ Enter the Contractor's license classification (or enter California Professional Engineer's license number, if applicable).
  ➢ Enter the Contractor's/Engineer's name and the company they are working for.
  ➢ Enter the company address, city, state, zip code, telephone number, cell phone number, FAX number, and email for the Contractor/Engineer.
  ➢ Print the name of the Contractor/Engineer.
  ➢ The Contractor or Engineer must sign the form.
  ➢ Enter the date the form was signed.

For a complete text of the law, visit: [http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=200920100AB1020](http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=200920100AB1020)
AGREEMENT TO PAY

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This Agreement To Pay form must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at http://www.mynevadacounty.com

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. If payments on outstanding invoices are not made within thirty (30) days after the date of the invoice, County staff may cease work on the project until the required payment is made, subject to any other provisions of the law. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

Site Information: Invoices and/or notices to be mailed to:

<table>
<thead>
<tr>
<th>APN:</th>
<th>Name:</th>
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<table>
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<tr>
<th>Property Owner/Business Name (if applicable):</th>
<th>Address:</th>
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<table>
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<tr>
<th>Address:</th>
<th>Telephone:</th>
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<table>
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<tr>
<th>Email:</th>
<th>Email:</th>
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</table>

NCCDA Staff is authorized to consult with necessary governmental agencies and the following individuals concerning this project:

Printed Name

Dated: ________________ CDL# __________________

Signature

I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.

THIS SECTION FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Service:</th>
<th>Program:</th>
<th>Amount:</th>
<th>Check #:</th>
<th>Receipt #:</th>
<th>Date of Receipt:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pool minor plan check- drain covers</td>
<td>PE1236</td>
<td>$93.43</td>
<td></td>
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</tbody>
</table>

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</table>
This form is to be used to verify compliance with modifications pursuant to the new Health and Safety Code sections 116064.1 and 116064.2. Under Section 116064.2 (a) of the Health and Safety Code, effective January 1, 2010, the owner of a public swimming pool shall file this form within 30 days following the completion of construction or installation of anti-entrapment devices or systems in swimming pools. Contact your local Environmental Health Department and Building Department for any necessary plan approval and permits prior to construction or remodel.

**Site Information**

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Pool Identification (if more than 1 pool/spa at site):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Address:</td>
<td>City: St: Zip:</td>
</tr>
<tr>
<td>Owner Name:</td>
<td>Owner’s Phone Number:</td>
</tr>
<tr>
<td>Owners Address</td>
<td>City St Zip</td>
</tr>
</tbody>
</table>

**Pool constructed on or after January 1, 2010?:** □ Yes □ No

**Pump Information**

- □ Recirculation Pump
  - Make/Model
  - H.P.
- □ Other Pump:  □ Other Pump: Make/Model  H.P.
- □ Jet / Booster Pump
  - Make/Model
  - H.P.
- □ Feature Pump
  - Make/Model
  - H.P.

**Main Drain (Includes All Suction Outlets Except Skimmer Equalizer Lines)**

- Manufacturer of approved drain cover: Model Number: Install date ______________________
- GPM rating: Floor ________ Wall ________ Installed on □ Floor □ Wall
- Manufacturer of approved drain cover: Model Number: Install date ______________________
- GPM rating: Floor ________ Wall ________ Installed on □ Floor □ Wall Main drain/Jet suction pipe size is ________ inches.

**Check One:**

- □ Split main drain(s) (Minimum 3 ft. between covers, hydraulically balanced and symmetrically plumbed)
- □ Single drain – Unblockable (size and shape that a human body cannot sufficiently block to create a suction entrapment)
- □ Single drain – Not unblockable (one of the following secondary devices required: safety vacuum release system, suction limiting vent system, gravity drainage system, auto pump shut-off system, or other equally or more effective system approved by enforcement agency)
  - Type of secondary device installed: ____________________________ Install date ______________________
  - Manufacturer of approved device: ____________________________ Model/Part Number: ____________________________

**Safety vacuum release system bears the following performance standard markings:** □ ATSM F2387 □ ASME/ANSI standard A 112.19.17

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**THE ABOVE HAS BEEN FIELD VERIFIED TO COMPLY WITH MANUFACTURER’S INSTALLATION REQUIREMENTS BY THE INSTALLER**

I declare that I hold an active California State Contractor license # ___________________________ with classification _______________ or a California State Professional Engineer license # ___________________________ with qualified experience working on public swimming pools and that the information provided above is true to the best of my knowledge. I understand that if I improperly certify this information, I shall be subject to potential disciplinary action at the discretion of the licensing authority in accordance with California Health & Safety Code Section 116064.2.

**Contractor/Engineer Name:** ____________________________________________________________

**Company Name:** ____________________________________________________________

**Company Address:** ________________________________________________________________

**City:** ___________________________ **State:** ___________________________ **Zip Code:** ___________________________

**Contractor/Engineer Phone Number:** ___________________________ **Cell Phone Number:** ___________________________

**Contractor/Engineer FAX Number:** ___________________________ **Email:** ___________________________

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**Contractor / Engineer name (PRINT) __________________________________ (SIGNATURE) ______________ Date _______________**

For a complete text of the law, visit: [Link to the law](http://info.sen.ca.gov/pub/09-10/bill/asm/ab_1001-1050/ab_1020_bill_20091011_chaptered.pdf)
INSTRUCTIONS FOR COMPLETING THE COMPLIANCE FORM

☐ Use one form for each pump or multiple pumps under the same drain cover. For example, a spa with a recirculation pump and a jet pump each with their own set of split drains that terminate under a different drain cover will require two forms. However, two pumps with split drains that terminate under the same drain cover will require only one form.

☐ All sections of the form must be completed.

☐ Print legibly.

☐ Return the completed form to your local Environmental Health Department.

I. Site Information

A. Facility name – name of facility or DBA (e.g. Oak Glen HOA, Palms Apartments).
B. Pool identification – description of the pool which will identify it when there is more than one pool on the property.
C. Facility Address – address, city, state, and zip code of the facility where the pool or pools are located.
D. Owner’s name – owner, owner’s representative, or corporation name.
E. Owner’s address – address, city, state, zip, and telephone number of the owner or owner’s representative.
F. Indicate if the pool was constructed on or after January 1, 2010.

II. Pump Information

A. Identify the type of pump that is connected to the drain. If two pumps terminate under one set of split drains (e.g. one side of a split suction drain is used for both a recirculation pump and a jet pump), describe both pumps. For each pump, provide the make, model number, and horsepower. Remember, complete a separate compliance form if the additional pump is connected to a different drain cover.

III. Main Drain (Includes All Suction Outlets Except Skimmer Equalizer Lines)

A. Provide the manufacturer; make and model; and the date the drain cover was installed.
B. Provide the floor and wall flow rating in gallons per minute for the drain cover. Note: If there are two different drain covers (e.g. one on the wall and one on the floor), there is space on the compliance form to complete drain cover information for each drain.
C. Indicate the size of the pipe terminating at the main drain or jet suction.
D. Check a box to indicate the configuration of the drain.
   1. Split Main Drains - means there are two drains that are hydraulically balanced and symmetrically plumbed and are separated by a distance of at least three feet in any dimension between the suction outlets.
   2. Single Drain - Unblockable means there is one drain approved to be unblockable so that a human body cannot sufficiently block it to create a suction hazard.
   3. Single Drain - Not Unblockable - means there is a single drain which can be sufficiently blocked by a human body to create a suction hazard. This type of drain must be protected by an approved safety vacuum release system or other equally or more effective system. Provide the type of device installed, manufacturer, model, and indicate which type of performance standard is marked on the device (ASTM F2387 or ASME/ANSI standard A112.19.17).

IV. Contractor/Engineer Certification Section

A. Enter a valid California State Contractor’s license number.
B. Enter the Contractor’s license classification.
C. Or enter the California State Professional Engineer’s license number, if applicable.
D. Enter the Contractor’s- /- Engineer’s name and the company they are working for.
E. Enter the company address, city, state, zip code, telephone number, cell phone number, FAX number, and email for the Contractor- /- Engineer.
F. Print the name of the Contractor/Engineer.
G. The Contractor or Engineer must sign the form.
H. Enter the date the form was signed.