385 N. Arrowhead Ave., 2nd floor, San Bernardino, CA 92415 Email: EHS.CustomerService@dph.sbcounty.gov

Website: ehs.sbcounty.gov Text/Call: 800.442.2283 Fax: 909.387.4323

PLAN REVIEW PUBLIC POOL AND SPA SPECIFICATION SHEET

Complete ONE form per body of water

THIS SECTION TO BE COMPLETED BY APPLICANT											
FACILITY INFORMATION											
Facility Name:		Date:		Phone:							
Facility Address:		City:			State:	Zip:					
CONTACT INFORMATION											
Contact Person:					Phone Numbe	r:					
Contact Address:	City:			State:	Zip:						
Email Address:											
PROJECT INFORMATION											
New Construction	Existing	g Pool/Spa	ol/Spa Year of Construction:								
Pool Sp	Spa Wading Pool			Spray Ground (Splash Pad)							
Surface Area (ft ²):	Capacity (gallons):	Fill Line Size (in.):			Number of Return Inlets:						
Wastewater Disposal: Sewer Other:				Size	of Return Line (in.):					
Water Supply: City Water - Water Company Name: Well/Water System											
Shell: Gunite Other:	ell Color: Co			Coping:	Coping:						
Pipe Suction Line Sizes: Skimm	Main Drain (in.):			Spa Jet Suction (in.):							
Pipe Material: Pipe Schedule:		Number of Skimmers:		Equalizer Lines	s: Yes	No					
		OF WORK									
The remodel of an existing curren equipment, ancillary finishes and regulations prior to final approval.	enclosure. Items found not	spray ground v t in complianc	will include a e may be re	a field equire	evaluation of al d to be brought	ll existing up to curre	nt				
Describe Nature of Work:											

Item		EQUI	PMENT AND CO	VER SPECIFICATION	ONS				
Drain Covers – Recirculation Pump Drain Covers – Equalizer Lines Drain Covers – Spa Jet Pump Skimmers Filter Chemical Controller Disinfectant Feeder Separation Tank Flow Meter Other Equipment: PUMP INFORMATION Item Horsepower Make Model GPM At 60' TDH Recirculation HP Spa Jet HP Spa Jet HP Spa Jet HP INDEMNIFICATION Indemnification: The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnites. The Contractor's indemnification or poligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782. By initialing and submitting this form, you acknowledge that you have read and understand the above statement. Initials: For Office Use Only Fee: FA Number: Record ID: PE Number: Late Fee: Y N Designated Employee: Received By: Date:			1			Rating / Size			
Drain Covers – Spa Jet Pump Skimmers Filter Chemical Controller Disinfectant Feeder Separation Tank Flow Meter Other Equipment: PUMP INFORMATION Recirculation HP Spa Jet HP Other: HP INDEMNIFICATION Indemnification: The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782. By initialing and submitting this form, you acknowledge that you have read and understand the above statement. Initials: For Office Use Only Fee: FA Number: Record ID: PE Number: Late Fee: Y N Designated Employee: Received By: Date:	Drain Covers – Rec	irculation Pump							
Skimmers Filter Chemical Controller Disinfectant Feeder Separation Tank Flow Meter Other Equipment: PUMP INFORMATION Item Horsepower Make Model GPM At 60' TDH Recirculation HP Spa Jet HP Other: HP INDEMNIFICATION Indemnification: The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782. By initialing and submitting this form, you acknowledge that you have read and understand the above statement. Initials: For Office Use Only Fee: FA Number: Record ID: PE Number: Late Fee: Y N Designated Employee: Received By: Date:	Drain Covers – Equ	alizer Lines							
Filter Chemical Controller Disinfectant Feeder Disinfectant Feeder Separation Tank Flow Meter Other Equipment: PUMP INFORMATION Item Horsepower Make Model GPM At 60' TDH Recirculation HP Spa Jet HP Other: HP INDEMNIFICATION INDEMNIFICATION INDEMNIFICATION INDEMNIFICATION Indemnification: The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitiees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782. By initialing and submitting this form, you acknowledge that you have read and understand the above statement. Initials: For Office Use Only Fee: FA Number: Record ID: PE Number: Late Fee: Y N Designated Employee: Received By: Date:	Drain Covers – Spa	Jet Pump							
Chemical Controller Disinfectant Feeder Disinfectant Feeder Disinfectant Feeder Separation Tank Flow Meter Other Equipment: PUMP INFORMATION Item Horsepower Make Model GPM At 60' TDH Recirculation HP Spa Jet HP Other: HP INDEMNIFICATION Indemnification: The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnifices. The Contractor's indemnification provision shall apply regardless of the existence or degree of fault of indemnifices on apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782. By initialing and submitting this form, you acknowledge that you have read and understand the above statement. Initials: For Office Use Only Fee: FA Number: Record ID: PE Number: Late Fee: Y N Designated Employee: Received By: Date:	Skimmers	-							
Disinfectant Feeder Ib./day Separation Tank	Filter								
Separation Tank Flow Meter Other Equipment: PUMP INFORMATION Item Horsepower Make Model GPM At 60' TDH Recirculation HP Spa Jet HP Other: HP INDEMNIFICATION Indemnification: The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782. By initialing and submitting this form, you acknowledge that you have read and understand the above statement. Initials: For Office Use Only Fee: FA Number: Record ID: PE Number: Late Fee: Y N Designated Employee: Received By: Date:	Chemical Controller	-							
Flow Meter Other Equipment: PUMP INFORMATION Item Horsepower Make Model GPM At 60' TDH Recirculation HP Spa Jet HP Other: HP INDEMNIFICATION Indemnification: The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification orbigation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782. By initialing and submitting this form, you acknowledge that you have read and understand the above statement. Initials: For Office Use Only Fee: FA Number: Record ID: PE Number: Late Fee: Y N Designated Employee: Received By: Date:	Disinfectant Feeder				lb./day	y			
PUMP INFORMATION Item Horsepower Make Model GPM At 60' TDH	Separation Tank								
PUMP INFORMATION Item Horsepower Make Model GPM At 60' TDH Recirculation HP Spa Jet HP Other: HP INDEMNIFICATION Indemnification: The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782. By initialing and submitting this form, you acknowledge that you have read and understand the above statement. Initials: For Office Use Only Fee: FA Number: Record ID: PE Number: Late Fee: Y N Designated Employee: Received By: Date:	Flow Meter								
Recirculation	Other Equipment:								
Recirculation HP Spa Jet HP Other: HP INDEMNIFICATION Indemnification: The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782. By initialing and submitting this form, you acknowledge that you have read and understand the above statement. Initials: For Office Use Only Fee: FA Number: Record ID: PE Number: Late Fee: Y N Designated Employee: Received By: Date:	PUMP INFORMATION								
Spa Jet HP Other: HP INDEMNIFICATION Indemnification: The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782. By initialing and submitting this form, you acknowledge that you have read and understand the above statement. Initials: For Office Use Only Fee: FA Number: Record ID: PE Number: Late Fee: Y N Designated Employee: Received By: Date:	Item	Horsepower	Make	Mode	el GPM At 60' TDH	ı			
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harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782. By initialing and submitting this form, you acknowledge that you have read and understand the above statement. Initials: For Office Use Only Fee: FA Number: Record ID: PE Number: Late Fee: Y N Designated Employee: Received By: Date:			INDEMN	IFICATION					
Fee: FA Number: Record ID: PE Number: Late Fee: Y N Designated Employee: Received By: Date:	harmless the Count damages, and/or lia any person and for indemnification is p of indemnitees. The but does not apply to 2782.	y and its authorized ability arising out of the any costs or expense rohibited by law. This contractor's indemited the County's "sole	officers, employees, is contract from any es incurred by the C indemnification prolification obligation a negligence" or "willf	agents and volunteers from cause whatsoever, inclusion ounty on account of any vision shall apply regardlapplies to the County's "aul misconduct" within the	rom any and all claims, actions, los iding the acts, errors or omissions claim except where such less of the existence or degree of t active" as well as "passive" neglige meaning of Civil Code Section	sses, of fault			
Fee: FA Number: Record ID: PE Number: Late Fee: Y N Designated Employee: Received By: Date:	Initials:	-	-						
Fee: FA Number: Record ID: PE Number: Late Fee: Y N Designated Employee: Received By: Date:	For Office Use Only								
,	Fee:	FA Number:			PE Number:				
Check One: New Transfer Reactivate Changes (please specify):	Late Fee: Y	N Designated Em	ployee:	Received By:	Date:	Date:			
$oldsymbol{L}_{i}$	Check One: Ne	w Transfer	Reactivate	Changes (please specify):					