



**COMMUNITY AND ECONOMIC
DEVELOPMENT DEPARTMENT**
Division of Environmental Health

2222 "M" Street
Merced, CA 95340
(209) 381-1100
(209) 384-1593 Fax
www.countyofmerced.com/eh

Equal Opportunity Employer

Instructions for Submitting Pool/Spa/Wading Pool/Spray Ground Plans

CBC Title 24, 3103B.1 A person proposing to construct, renovate or alter a pool, ancillary facilities (such as *public dressing rooms, lockers, shower or bathroom areas, drinking fountains, equipment rooms, pool deck areas, pool enclosures, or building spaces, that is intended to be used by pool users*) or equipment and appurtenances shall submit plans and specifications detailing compliance with this chapter to the enforcing agent for review and written approval prior to commencing construction and shall first be cleared by the enforcing agent before substitution if not an exact duplicate of the units being changed or replaced. A local building department shall not issue a permit for a public pool or ancillary facility until the plans have been approved by the enforcing agent.

*Recreational Health electronic plan submittal and plan review information can be found here:

<https://www.countyofmerced.com/DocumentCenter/View/29739/Electronic-Plan-Submittals-handout-05172022?bidId=>

- 1) A plan review application, plan review fee, and complete electronic plans must be submitted for any type of project. All plans and plan review applications shall be submitted online following the Electronic Plan Submittal guidelines. For locations in the city limits, RV parks, or mobile home parks, submit one set of electronic plans to rechealth@countyofmerced.com and contact the appropriate building agency (local or state) if plans are required for your project. For locations in the unincorporated areas, submit electronic plans to the Merced County Buildings and Safety Division by visiting the instructions here: <https://www.countyofmerced.com/639/Building-Safety>. Our office cannot accept plans directly from the contractor for locations in the unincorporated areas. A separate plan review fee will still need to be submitted directly to our office.
- 2) Review the Pool, Spa, Wading Pool, and Spray Ground Requirements at the Recreational Health website <https://www.countyofmerced.com/2141/Recreational-Health> prior to submitting your plans.
- 3) Complete a separate application for each pool, spa, wading pool, or other pool project. The application is not transferable between contractors or projects.
- 4) Contact our office to create an invoice for you if you are submitting fees online or over the phone. The fees are non-refundable and are not transferable between contractors or projects. The plans will not be reviewed or approved until full fees are received. The plan check fee includes review time and field construction inspections. Any excess time will be billed to the responsible party at the current hourly rate. The fee schedule can be found here: <https://www.co.merced.ca.us/1740/Fee-Schedule>. If you are unsure of which fee to pay, please call the office at (209) 381-1100.
- 5) If existing/new equipment information is already provided on the plans, you do not need to provide it again on this application. However, missing /incomplete information may delay the plan approval process.
- 6) Submitted plans shall be drawn using the appropriate scale (unless pre-approved by the enforcing agent):
 - a. Pool/wading pool, and spray ground plans shall be drawn at a scale of **¼ inch = 1 foot**
 - b. Spa plans shall be drawn at a scale of **1 inch = 1 foot**
- 7) For new construction, complete plans shall include the swimming area, deck, enclosure, equipment room, restrooms/showers/changing rooms (if applicable), equipment specifications, etc.
- 8) If the swimming pool/spa/wading pool is being replastered or resurfaced, the following minimum

information is required:

1. A top view drawing showing the length (feet) and width (feet) of the pool/spa/wading pool;
2. Resurfacing material and color;
3. Location of a line of 4-inch wide contrasting tile at the 4 ½ feet water depth (break in slope) for pools. (*Pools with a maximum water depth of 5 feet or less do not require a tile line*);
4. A side view drawing of the handrail over the stairs showing the distance from each step tread edge and the deck to the top of the handrail for pools/spas/wading pools. This distance needs to be 28 inches – 36 inches. The clearance between the end of the handrail and riser wall shall be 3 inches or more. The shape of the handrail shall be 3-bend per the current code. Spas require two handrails. If the existing handrails do not meet these requirements then they need to be replaced;
5. Final entry step dimensions;
 1. 1st standard-shaped step tread 14 inches - 18 inches or 1st triangle/concave/convex-shaped step tread 21 inches - 24 inches. Minimum 24 inches length.
 2. 2nd and subsequent step treads 12 inches - 16 inches and minimum 24 inches lengths.
 3. All riser heights uniform: 6 inches - 12 inches tall, *including* from deck to first step tread
6. Depth marker (minimum 4 inch tall permanent numerals with units of FT (feet) and IN (inches)) and NO DIVING marker (required at pool, spa, and wading pool water depths of 6 feet or less) locations on the top view drawing;
7. Exit ladder(s)/steps at the deep end of the pool (*pools with a maximum water depth of 4½ ft. or less are not required to have a second exit/entry*);
 1. Ladders: Slip-resistant tread surfaces, minimum tread of 5 inches and width of 14 inches, uniform risers not to exceed 12 inches in height with first riser measured from the deck, clearance between pool wall and any part of ladder 3 inches – 5 inches
 2. Recessed Steps: Slip-resistant tread surfaces, minimum tread of 5 inches and width of 14 inches, uniform risers not to exceed 12 inches in height with first riser measured from the deck
8. Coping detail if the pool/spa/wading pool coping is being replaced;
9. Submit specification sheets for any new equipment that will be installed.

Within 30 days of receipt of COMPLETE plans and equipment specifications, this Division will make every effort to notify the person submitting the plans whether or not the plans and specifications have been approved. In the event that the plans and specifications are not approved, subsequent submittals will be reviewed within 30 days of receipt.

Plans and specifications not meeting ALL of the requirements will not be approved. **NO PARTIAL APPROVALS WILL BE GRANTED.** Approved plans are valid for 2 years from the approval date.

Please email your questions to rechealth@countyofmerced.com or call (209) 381-1100 to speak to an Environmental Health Specialist for Recreational Health plan review.

FACILITY INFORMATION				
Date	Facility ID FA000	Facility Name and Address	Facility Phone	
Owner ID OW000	Owner Name and Address		Owner Phone	
POOL/SPA CONTRACTOR INFORMATION				
Company Name		License Number	Classification	
Contractor's Name and Address		Contractor's Phone		
Email		Fax		
Contact Person for Plans	Email	Contact Person's Phone		
Type of Pool:	☐ Swimming Pool ☐ Spa ☐ Wading Pool ☐ Other _____			
Proposed Work:	☐ PE 0310 - New Construction/Major Remodel (includes projects requiring > 50 % removal of existing shell)			
	☐ PE 0311 - Renovation (Resurface/Replaster, CHANGE or ADDITION of Pump, Filter, Skimmer, Sanitizer, Deck, Coping, Tile, Depth Markers, Handrails, Lights, Fencing, Gate, Restroom, Re-plumbing, Main drain cover(s) change or split drain, etc.)			
POOL/SPA SPECIFICATIONS				
SURFACE AREA	Rectangle/Square: (length) _____ x (width) _____ = _____ sq. ft.			
	Circle: 3.14 x (radius) _____ x (radius) _____ = _____ sq. ft.			
	Kidney: 0.45 x (average width) _____ x (length) _____ = _____ sq. ft.			
	Triangle: 0.5 x (base) _____ x (height) _____ = _____ sq. ft.			
CAPACITY	Pool: (surface area) _____ ÷ 20 sq. ft. = _____ bathers		Spa: (surface area) _____ ÷ 10 sq. ft. = _____ bathers	
VOLUME	(surface area) _____ x (average depth) _____ x 7.48 gal./cu.ft. = _____ gallons			
FLOW RATE	Built prior to 1982		Built in 1982 or after	
	Pool:	Volume ÷ 480 minutes = _____ gpm	Volume ÷ 360 minutes = _____ gpm	
	Spa:	Volume ÷ 30 minutes = _____ gpm	Volume ÷ 30 minutes = _____ gpm	
	Wading Pool:	Volume ÷ 120 minutes = _____ gpm	Volume ÷ 60 minutes = _____ gpm	
	Medical Pool:	Volume ÷ 120 minutes = _____ gpm	Volume ÷ 120 minutes = _____ gpm	
TURNOVER TIME	Volume ÷ Flow Rate ÷ 60 minutes = _____ hours			
☐ All information below have been clearly provided on the submitted plans				
EQUIPMENT INFORMATION				
FILTER	EXISTING		NEW	
	Manufacturer:	Model:	Manufacturer:	Model:
	☐ High Rate Sand ☐ Rapid Sand ☐ Cartridge ☐ Pressure Diatom. Earth ☐ Vacuum Diatom. Earth		☐ High Rate Sand ☐ Rapid Sand ☐ Cartridge ☐ Pressure Diatom. Earth ☐ Vacuum Diatom. Earth	
PUMP	Manufacturer:	Model:	Manufacturer:	Model:
	GPM @ 60 TDH:	HP:	GPM @ 60 TDH:	HP:
JET PUMP	Manufacturer:	Model:	Manufacturer:	Model:
	GPM @ 40 TDH:	HP:	GPM @ 40 TDH:	HP:

☐ All information below have been clearly provided on the submitted plans						EQUIPMENT INFORMATION					
BOOSTER PUMP	EXISTING				NEW						
	Manufacturer:		Model:		Manufacturer:		Model:				
	GPM:		HP:		GPM:		HP:				
SANITIZER	Manufacturer:		Model:		Manufacturer:		Model:				
	Type (Liquid, Powder, Tablet, UV, etc.):				Type (Liquid, Powder, Tablet, UV, etc.):						
FLOW METER	Manufacturer:		Model:		Manufacturer:		Model:				
CHEMICAL CONTROL	Manufacturer:		Model:		Manufacturer:		Model:				
UNDER-WATER LIGHTS	Manufacturer:		Model:		Manufacturer:		Model:				
	Voltage:	Watt:	Quantity:		Voltage:	Watt:	Quantity:				
PIPE SIZE	Suction (inches):		Return (inches):		Suction (inches):		Return (inches):				
SKIMMER	Manufacturer:		Model:		Manufacturer:		Model:				
AUTOFILL	Manufacturer:		Model:		Manufacturer:		Model:				
☐ All information below have been clearly provided on the submitted plans						VGB CERTIFICATION					
MAIN DRAIN	EXISTING				NEW						
	☐ Split Drains (< 3 ft apart w/ SVRS)		☐ Split Drains (≥ 3 ft apart)		☐ Split Drains (< 3 ft apart w/ SVRS)		☐ Split Drains (≥ 3 ft apart)				
	☐ Single Drain-Unblockable		☐ Single Drain-w/ SVRS		☐ Single Drain-Unblockable		☐ Single Drain-w/ SVRS				
MAIN DRAIN COVERS	Manufacturer:		Quantity:	GPM Rating Wall:	Manufacturer:		Quantity:	GPM Rating Wall:			
	Model:		GPM Rating Floor:		Model:		GPM Rating Floor:				
SVRS	Manufacturer:		Model:		Manufacturer:		Model:				
JET or BOOSTER	☐ Split Drains (< 3 ft apart w/ SVRS)		☐ Split Drains (≥ 3 ft apart)		☐ Split Drains (< 3 ft apart w/ SVRS)		☐ Split Drains (≥ 3 ft apart)				
	☐ Single Drain-Unblockable		☐ Single Drain-w/ SVRS		☐ Single Drain-Unblockable		☐ Single Drain-w/ SVRS				
JET or BOOSTER COVERS	Manufacturer:		Quantity:	GPM Rating Wall:	Manufacturer:		Quantity:	GPM Rating Wall:			
	Model:		GPM Rating Floor:		Model:		GPM Rating Floor:				
EQUALIZER	☐ No Equalizer Line		☐ Single Equalizer Line-Plugged		☐ No Equalizer Line		☐ Single Equalizer Line-Plugged				
	☐ Single Equalizer Line		☐ Split Equalizer Lines (≥ 3 ft apart)		☐ Single Equalizer Line		☐ Split Equalizer Lines (≥ 3 ft apart)				
EQUALIZER COVERS	Manufacturer:		Quantity:	GPM Rating Wall:	Manufacturer:		Quantity:	GPM Rating Wall:			
	Model:		GPM Rating Floor:		Model:		GPM Rating Floor:				

☐ The pool/spa/wading pool/enclosure IS available for use after dark

The plan review fee submitted to our office is for all time (review, inspection, etc.) spent related to the submitted project. Any additional time spent on this project beyond what was paid for at the time of plan submittal will be billed to the person submitting the plans at the current hourly rate.

Date	Print Name of Person Submitting Plans	Signature of Person Submitting Plans
------	---------------------------------------	--------------------------------------

OFFICE USE ONLY			
RECEIVED BY:	RECEIVED DATE:	FACILITY ID FA000	FEE: