



# ENVIRONMENTAL HEALTH

## AMADOR COUNTY LAND USE AGENCY

Telephone: (209) 223-6439  
Fax: (209) 223-6228  
Website: www.co.amador.ca.us  
E-mail: ACEH@co.amador.ca.us

County Administration Center • 810 Court Street • Jackson, CA 95642-2132

### **AB 1020 Compliance Form**

Health and Safety Code Section 116064.2

This form is to be used to verify compliance with modifications pursuant to the new public swimming pool anti-entrapment law. Under Section 116064.2 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 completion of anti-entrapment modifications. Contact Amador County Environmental Health (ACEH) and local building departments for any necessary plan approval and permits prior to construction. For more information, please contact ACEH (209) 223-6439.

- **A SEPARATE FORM MUST BE COMPLETED FOR EACH SWIMMING POOL, SPA, WADING POOL, AND/OR OTHER PUBLIC POOL**
- **THIS FORM IS INVALID IF ALL PERTINATE SECTIONS ARE NOT COMPLETED**
- **THE ORIGINAL SIGNED FORM MUST BE SUBMITTED (NO COPIES OR FAXES) TO:**

**AMADOR COUNTY ENVIRONMENTAL HEALTH  
810 COURT STREET  
JACKSON, CA 95642-2132**

#### **Site Information**

- Pool Facility Name: \_\_\_\_\_ Permit #: \_\_\_\_\_
- Spa Pool Identification (if more than one pool at facility): \_\_\_\_\_
- Wading Address: \_\_\_\_\_
- Special Use City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### **Owner Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### **Pump(s)**

Mfr/Make/Model \_\_\_\_\_ H.P. \_\_\_\_\_ Flow (gpm) \_\_\_\_\_ Use\* \_\_\_\_\_

Mfr/Make/Model \_\_\_\_\_ H.P. \_\_\_\_\_ Flow (gpm) \_\_\_\_\_ Use\* \_\_\_\_\_

Mfr/Make/Model \_\_\_\_\_ H.P. \_\_\_\_\_ Flow (gpm) \_\_\_\_\_ Use\* \_\_\_\_\_

\*Use\* – indicate function of the pump (i.e., recirculation pump or booster jet pump)

**Section A. Drain System, after upgrade/construction**

- Split main drain – go to Section B, and skip Section C.
- Single main drain – skip Section B, and go to Section C.

**Section B. Drain Covers, for split main drain**

**Main Drain**

Mfr/Make/Model: \_\_\_\_\_

ASME/ANSI Standard: \_\_\_\_\_

Date(s) Installed: \_\_\_\_\_

GPM rating: Floor \_\_\_\_\_ Wall \_\_\_\_\_

Installed on  Floor  Wall

Pipe size (inches): \_\_\_\_\_ Sump depth (inches): \_\_\_\_\_

**Other Suction Outlets (for Spa Jets, use Section E)**

Mfr/Make/Model: \_\_\_\_\_

ASME/ANSI Standard: \_\_\_\_\_

Date(s) Installed: \_\_\_\_\_

GPM rating: Floor \_\_\_\_\_ Wall \_\_\_\_\_

Installed on  Floor  Wall

Pipe size (inches): \_\_\_\_\_ Sump depth (inches): \_\_\_\_\_

**Section C. Drain Covers and Secondary Safety Devices/Systems, for single main drain**

- Unblockable single main drain (complete drain cover information)
- Not unblockable single main drain (complete drain cover information and secondary safety device/system information)

**Drain Cover**

**Main Drain**

Mfr/Make/Model: \_\_\_\_\_

ASME/ANSI Standard: \_\_\_\_\_

Date(s) Installed: \_\_\_\_\_

GPM rating: Floor \_\_\_\_\_ Wall \_\_\_\_\_

Installed on  Floor  Wall

Pipe size (inches): \_\_\_\_\_ Sump depth (inches): \_\_\_\_\_

If not unblockable single main drain:

**Secondary Safety Device/System**

Safety Vacuum Release System

Suction-limiting Vent System

Mfr/Make/Model: \_\_\_\_\_

Gravity Drainage System

ASME/ANSI or ASTM Standard: \_\_\_\_\_

Automatic Pump Shut-off System

Date(s) Installed: \_\_\_\_\_

Other system in accordance with state law

**Section D. Drain Cover(s) for Skimmer Equalizer Lines**

Mfr/Make/Model: \_\_\_\_\_

ASME/ANSI Standard: \_\_\_\_\_

Date(s) Installed: \_\_\_\_\_

Number of Skimmers: \_\_\_\_\_

GPM rating: Floor \_\_\_\_\_ Wall \_\_\_\_\_

Installed on  Floor  Wall

Pipe size (inches): \_\_\_\_\_ Sump depth (inches): \_\_\_\_\_

**Section E. FOR SPA JETS ONLY – Drain Cover(s) for Suction Outlet**

Split suction outlet (complete drain cover information)

Single (not split) suction outlet (complete drain cover information and secondary safety device/system information)

**Drain Cover**

**Suction Outlet for Spa Jets**

Mfr/Make/Model: \_\_\_\_\_

ASME/ANSI Standard: \_\_\_\_\_

Date(s) Installed: \_\_\_\_\_

GPM rating: Floor \_\_\_\_\_ Wall \_\_\_\_\_

Installed on  Floor  Wall

Pipe size (inches): \_\_\_\_\_ Sump depth (inches): \_\_\_\_\_

If single (not split) suction outlet:

**Secondary Safety Device/System**

Safety Vacuum Release System

Suction-limiting Vent System

Mfr/Make/Model: \_\_\_\_\_

Gravity Drainage System

ASME/ANSI or ASTM Standard: \_\_\_\_\_

Automatic Pump Shut-off System

Date(s) Installed: \_\_\_\_\_

Other system in accordance with state law

**Section F. Licensure of Qualified Individual**

*Health and Safety Code Section 116064.2(a)(5): "Qualified individual" means a contractor who holds a current valid license issued by the State of California or a professional engineer licensed in the State of California who has experience working on public swimming pools.*

Contractor/Engineer Name: \_\_\_\_\_ License #: \_\_\_\_\_ Classification: \_\_\_\_\_

Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contractor/Engineer Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Contractor/Engineer Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Section G. Certification by Qualified Individual**

I certify that I am a qualified individual in accordance with Health and Safety Code Section 116064.2 (a) (5).

I certify that all work was done in accordance with Health Safety Code Section 116064.2 and local building codes.

I certify that the information provided on this form is true to the best of my knowledge.

I understand that a qualified individual who improperly certifies information pursuant to Health and Safety Code Section 116064.2 shall be subject to potential disciplinary action.

I understand that the local environmental health department may inspect the pool to verify the accuracy of the information filed on or with this form.

\_\_\_\_\_  
Contractor/Engineer (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor/Engineer Name (Print)

For Office Use Only:

\_\_\_\_\_  
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