

INSTRUCTIONS FOR FILLING OUT THE AB 1020 COMPLIANCE FORM

- A separate form is required for each pump on each pool. A minimum of one form will be required for each pool and spa. For multiple pumps terminating under the same drain cover one form can be used (e.g. a spa with a recirculation pump and a jet pump each with their own set of split drains, will require two forms but two pumps under one set of split drains will require only one form).
- Fill out all sections of the form. An incomplete form will invalidate the certification.
- Print legibly.

I. Site Information

- A. Facility name – name of facility or DBA (e.g. Elk Grove HOA, ABC Apartments).
- B. Pool Identification – description of the pool which will identify it when there is more than one pool on the property. (i.e: club house pool, spa next to office, etc.)
- C. Facility Address – address, city, state and zip code of the facility where the pool or pools are located.
- D. Owner's name – owner, home owner association or corporation name.
- E. Owner's address – address, city, state, zip, telephone number of the owner or home owner association.
- F. Owner's email address- electronic address where information can be received.

II. Pump information

- A. Identify what type of pump is connected to the suction drain. If two pumps terminate under the same suction drain fitting, (e.g. one side of a split suction for a recirculation pump and a jet pump) check additional boxes. Provide the make, model number and horsepower of the pump(s).

III. Main drain/ Suction drain

- A. Provide the manufacturer; make and model; and the date the suction fitting was installed.
- B. Provide the floor and wall flow rating in gallons per minute for the suction fitting. **Note:** There is an additional place for drain fitting information if there are two different drain fittings (e.g. one on the wall and one on the floor).
- C. Indicate the size of the pipe terminating at the main drain suction / jet suction.
- D. Check a box to indicate the configuration of the drain.
 1. **Dual (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 a human body cannot sufficiently block it to create a suction hazard (measures in excess of 18"x23" or has a diagonal measurement greater than 29").
 3. **Single Drain - Blockable** - means there is a single drain and it is protected by an approved safety vacuum release system (or other system). Provide the type of secondary device installed, manufacturer, and model. Check off which type of performance standard marked on the device (ASTM F2387 or ASME/ANSI standard A112.19.17).
- E. Provide the date the main drain was split if it was not part of the original pool construction.

IV. Skimmer Equalizer line(s)

- A. Provide the manufacturer; make and model; and the date the suction fitting was installed. Equalizer lines are typically installed approximately 18 inches below the mouth of the skimmer in the sidewall of the swimming pool
- B. Indicate the floor and wall flow rating in gallons per minute for the drain fitting and indicate where they are installed.
- C. Indicate the pipe size of the equalizer line.
- D. Indicate the number of skimmers on the pool.
- E. Check the box to indicate whether skimmers have a single equalizer line, dual (split) equalizer line, skimmers separately valved before the pump and can be isolated, or if the skimmers are connected with a single line to the pump. You can check more than one box.

V. Contractor's Certification Section

- A. Enter a valid California State Contractor's license number.
- B. Enter the Contractor's license classification (i.e. C53, C36 "A", C61/D35 "A")
- C. If you are an Engineer, enter your California State Professional Engineer's license number.
- D. Enter the Contractor's / Engineer's name and the company worked for.
- E. Enter the company address, city, state, zip code, telephone number, cellular phone number, fax number and email for the Contractor / Engineer.
- F. Print the name of the Contractor / Engineer.
- G. Signature of the Contractor/Engineer.
- H. Enter the date the form was signed.

Return the completed form to:

**San Bernardino County Public Health Department,
Division of Environmental Health
385 N. Arrowhead Ave., San Bernardino, CA 92415-0160**