



**DEPARTMENT OF ENVIRONMENTAL HEALTH
CONSUMER PROTECTION DIVISION**
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NOTIFICATION TO TEMPORARILY PLUG EQUALIZER LINE

Facility Name:

Facility Address:

Owner Name:

Authorized Representative:

I,, am the owner or authorized representative of the swimming pool and or spa at the above mentioned location. I am providing the County of Santa Clara Department of Environmental Health with this notice of my intent to:

Provide a plug for the equalizer line(s) with a flush wall mount fitting. I understand that by sealing the equalizer line, damage may occur to the pump if the water level of the pool/spa falls below the skimmer level. **At the time of resurfacing, the plug will be removed and the approved suction cover(s) will be installed over the equalizer line.**

Install the approved suction cover over the equalizer line within the time frame indicated for correction in the most recent inspection report.

Close the pool until the approved suction cover is installed over the equalizer line. I agree to call DEH for a clearance inspection prior to re-opening the pool/spa.

Signature:

Title:

Date:

Office use only

FA#	PR#
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