

**County of Sonoma  
DEPARTMENT OF HEALTH  
SERVICES**

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**Skimmer Equalizer Clearance Letter**

**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 Sonoma Environmental Health Division (EHD) 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 EHD for a clearance inspection prior to re-opening the pool/spa.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_