



Glenn County Health Services Agency

Director-Health Services Agency

Scott Gruendl

Deputy Director
Behavioral Health

Kathy Montero

Chief Deputy Director
Administration

Cecilia Hutsell

Deputy Director Public Health
Director of Nursing

Grinnell Norton

POOL/SPA PLAN CHECK REQUEST FORM

ADMINISTRATION

242 N. Villa Ave.
Willows, CA 95988
(530) 934-6582
FAX: (530) 934-6592

ENVIRONMENTAL HEALTH

257 N. Villa Ave.
Willows, CA 95988
(530) 934-6102
FAX: (530) 934-6103

FISCAL

247 N. Villa Ave.
Willows, CA 95988
(530) 934-6347
FAX: (530) 934-6369

MENTAL HEALTH

242 N. Villa Ave.
Willows, CA 95988
(530) 934-6582
FAX: (530) 934-6592

604 E. Walker St.
Orland, CA
(530) 865-6459
FAX: (530) 865-6483

Mailing Address

242 N. Villa Ave.
Willows, CA 95988

PUBLIC HEALTH

240 N. Villa Ave.
Willows, CA 95988
(530) 934-6588
FAX: (530) 934-6463

SUBSTANCE ABUSE

1187 E. South St.
Orland, CA 95963
(530) 865-1146
FAX: (530) 865-1150
Mailing Address
P.O. Box 1174 E South St
Orland, CA 95963

Date: ___/___/___

Name of Owner: _____ Phone # _____

Mailing Address: _____

Name of Contractor/Agent: _____ Phone# _____

Mailing Address: _____

Facility Name: _____

Facility Location: _____

Brief description of new construction or remodel: _____

Check which applies:

New construction

Remodel or addition to an existing pool or spa*

* Previous name of facility if different from above:

Fee Paid ___/___/___

Receipt # _____

Check # _____