POOL / SPA DATA SHEET

Contractors: Complete and attach this form to your plans, one for EACH pool and/or spa. Submit manufacturers spec sheets for pumps, filters, skimmers, chemical feeders, and separation tanks.

Pool Name ________________________________________________________________

Pool Address _______________________________________________________________________________________

Owner Name ____________________________________________ Phone _________________________

Pool Contractor ____________________________________________ Phone _________________________

Fax_______________________________ Email __________________________________________

License Class ________________________________ License # _________________________

Type of Pool: □ Standard Pool □ Spa □ Wading □ Special Use

Pool Size: _______________ Depth: _______________ ft. to _______________ ft.

[ ] POOL Estimated Total Volume (Average Depth x Area x 7.48 cubic feet per gallons):

Shallow end to break in slope: _______________ x _______________ x 7.48 ft³/gal = __________

Break in slope to drain: _______________ x _______________ x 7.48 ft³/gal = __________

Drain to end of pool: _______________ x _______________ x 7.48 ft³/gal = __________

Total Volume: _______________ Surface Area _______________ Pool Occupancy: Surface Area = ______ bathers

Coping: □ Bullnose □ Rim Flow □ Channel □ Other _____________________ Shell Color _____________

[ ] SPA Estimated Total Volume (Depth x Area x 7.48 gallons):

Bench top to surface of water: _______________ x _______________ x _______________

Spa bottom to bench top: _______________ x _______________ x _______________

Total Volume: _______________ Surface Area _______________ Spa Occupancy: Surface Area = ______ bathers

Coping: □ Bullnose □ Rim Flow □ Channel □ Other _____________________ Shell Color _____________

Permanent Markings: Lane & depth marking line, contrasting tile at step edges and benches (submit samples).

Skimmers: Number _________ Make & Model _____________________ Looped or Valved separate: __________

Pipe Size: _________ inches. Separation between dual equalizers cover edges _______ inches

SK Equalizer Drain Covers: Make & Model _____________________ GPM Rating _______ Wall □

Filters: Number _________ Make & Model _____________________ Filter Area (ft²): _______

Type: □ High Rate Sand □ Rapid Rate Sand □ Cartridge □ Diatomaceous Earth (DE)

Filter rate: _______ gal/min/ft² _______ gal/min/ft² _______ gal/min/ft² _______ gal/min/ft²

Revised: 08/29/12
Filter Pump(s): Number ______ Make & Model _____________________________________________ HP_____
  _____ GPM at ____ ft. of head. Hair & lint catcher: [ ] Yes [ ] No Pipe Size: _____ inch PVC Schedule ____
Number of Split Main Drain(s) ___________ Distance between drain covers edges:_________ inches (36” min)
Filter Main Drain Covers: Make & Model _____________________________________________ GPM Rating _____ Floor [ ] Wall [ ]
Flow Meter: Make & Model_________________________________________________________ Flow range ______ to_____
Jet Pump(s): Number ______ Make & Model _____________________________________________ HP_____
  _____ GPM at ____ ft. of head. Hair & lint catcher: [ ] Yes [ ] No Pipe Size: _____ inch PVC Schedule ____
Number of Suction Drains ___________ Distance between drain covers edges:_________ inches (36” min)
Drain Covers: Make & Model _____________________________________________ GPM Rating _____ Floor [ ] Wall [ ]
Underwater Light [ ] Yes [ ] No Make & Model ________________________________ Watt _____ Number_____
DE Separation Tank [ ] Yes [ ] No Make & Model ____________________________________________ Size:_____
Sump to backwash and drain to public sewer: [ ] Yes [ ] No Backwash receptacle size _______________________
Disinfectant feeder: Type __________________________________________________________
  Make & Model _____________________________________________ Capacity ________(GPD)
pH feeder: Type _________________________________________________________________
  Make & Model _____________________________________________ Capacity ________(GPD)
Deck material: __________________Finish ____________ Deck drains: [ ] Area [ ] Channel (Indicate location on plans)
Restrooms/Showers: [ ] Yes [ ] No (not required if within 300 walking feet of living quarters)

<table>
<thead>
<tr>
<th></th>
<th># of Toilets</th>
<th># of Urinals</th>
<th># of Showers</th>
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<tbody>
<tr>
<td>Men</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td>n/a</td>
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Drinking fountain: [ ] Yes [ ] No (provide location on plans)
Safety Equipment:  Yes No Yes No
  Life ring and rope
  12-ft. pole with body hook
  No Lifeguard On Duty sign
  Occupancy Load sign
  9-1-1 & Address sign
  Illustrated Respiration & CPR sign
  Spa Use warning sign
  Emergency Shut-off sign
  No Diving sign < 6 ft. deep
  Diarrhea 14 Day sign

FOR DEPARTMENT USE ONLY
Total Volume = ________ gal = ________ required GPM
Turnover in minutes __________ (min)
Pump capacity (GPM) Filter capacity (GPM)

For plan check questions contact: Corey Chrisman 415.252.3849

Water Quality