

DATA SHEET FOR NEW and RECONSTRUCTED POOLS & SPAS

Fill out one form for EACH POOL OR SPA

NAME OF POOL _____

TYPE OF POOL: Main pool Spa Wading Diving Training Spray ground Other _____

ANCILLARY AREA AND FACILITIES

Number of fixtures: Men's toilets _____ Urinals _____ Women's toilets _____

Number of showers: Men _____ Women _____ Sinks (total) _____

Water Source: Public Name of water system: _____ Private

Angle jet drinking fountain (location) _____

SWIMMING POOL GENERAL SPECIFICATIONS

Pool Dimensions (rectangle) _____ feet (length) X _____ feet (width) Water Surface Area _____ sq. feet

Depths / slope breaks: _____ feet _____ feet 4 1/2 foot depth marking line on plans

Pool Dimensions (circular) _____ feet (diameter) Other shapes _____

Pool Capacity _____ gallons

FILTRATION EQUIPMENT

Mfr. / Model _____ Filter Type _____ Size: _____ sq.ft.

Maximum Filtering Rate _____ GPM Turnover Time _____ hours

Wastewater discharged into: Sewer Separation tank Sump Air gap (2X diameter of discharge pipe)

RECIRCULATION

Pump Mfr. / Make _____ Model # _____ H.P. _____

Spa Jet Pump Mfr. / Make _____ Model # _____ H.P. _____

No. of skimmers _____ No. of Inlets _____ Overflow Gutter? _____

No. of bottom drains _____ Covers VGB compliant; pump and flow evaluated

Flowmeter (Make & Model #) _____

DISINFECTANT FEEDER CONTROLLER(S)

Manufacturer / Model # _____ Type _____

GENERAL CONSTRUCTION

Shell: Gunite/Plaster Fiberglass Steel Other _____ Finished color _____

Coping (type) _____ Pool Cover (type) _____

DECK Material and finish: _____ Slope: _____ inches per ft. Number of Deck drains _____

ENCLOSURE / FENCE Height: _____ Height of Gate Latch: _____ Page of plans/details for fencing: _____

Additional CONTACTS
FOR NEW and RECONSTRUCTED POOLS & SPAS
(Only one copy needed per construction site.)

POOL DESIGNER

MAILING ADDRESS

CITY:

STATE

ZIP:

POOL CONTRACTOR:

PHONE:

MAILING ADDRESS

CITY

STATE

ZIP

GENERAL CONTRACTOR:

PHONE:

MAILING ADDRESS

CITY

STATE

ZIP

OTHER SUB-CONTRACTORS:
