POOLS & SPAS DATA SHEET

Fill out one form for EACH POOL OR SPA

NAME OF POOL: ____________________________________  DATE: _____________

ADDRESS: ____________________________________________

DESIGNER/CONTRACTOR: __________________________________________

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

SUMMARY OF PROPOSED WORK  (Include all work to be done at the site.)

□ New/Reconstructed

OR

□ Replaster □ Deck
□ Split Main Drains □ Remodel Ancillary Facilities (Shower, Restrooms, Clubhouse)
□ Replace Plumbing □ Rebuild Equipment Room
□ Enclosure □ Equipment Installation (list all equipment below)

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

SWIMMING POOL GENERAL SPECIFICATIONS

Pool Dimensions (rectangle): ________ feet (length)  X  ________ feet (width)

Pool Dimensions (circular): ________ feet (diameter)

Other shapes (Kidney, etc. – list dimensions): ____________________________________________

Depths / slope breaks: ________ feet  ________ feet

Water Surface Area: ____________ sq. ft  Pool Capacity: _______________ gallons

□ 4 ½ foot depth marking line on plans

Type of pool fill system: □ Hose on deck □ Atmospheric (AVB)
□ Manual fill thru permanent fill line □ Pressure Vacuum Breaker (PVB)
□ Autofill □ Reduced Pressure Principle Device (RPP)

Backflow Device Manufacturer / Model #: __________________________________________

FILTRATION EQUIPMENT

Mfr. / Model: ___________________________________________  Filter Type: ____________  Size: ______ sq. ft.

Maximum Filtering Rate: _____________ GPM

Wastewater discharged into (verify approved disposal method with Sanitary District):

□ Sewer   □ Separation tank   □ Sump   □ Landscaping   □ Air gap (2X diameter of discharge pipe)
**RECIRCULATION**

Pump Manufacturer: ____________________ Model: ______________ H.P.: _____ □ Existing □ Proposed

Jet Pump Manufacturer: ____________________ Model: ______________ H.P.: _____ □ Existing □ Proposed

No. of Skimmers: _____  No. of Inlets: _____  No. of Main Drains: _____

Overflow Gutter: ______

Flowmeter (Make & Model #): ____________________________

- Designed Filtration Rate (based on pool capacity): ____________ gpm

**RECIRCULATION (REPLASTER ONLY)**

- Actual Flow Rate (from flow meter, if replaster only): ____________ gpm

- Existing equalizer lines are installed and operating? □ Yes □ No

- Equalizer covers to be replaced? □ Yes □ No

- Inlets and skimmers on plans? □ Yes □ No

- Comments: ____________________________

- No. of main drains installed (existing): ______  Main drain covers to be replaced? □ Yes □ No

- Main drain is to be split and balanced during this project? □ Yes □ No

- Existing skimmers and main drain(s) are on separate suction lines? □ Yes □ No

**ANTI-ENTRAPMENT DEVICES (VGB)**

- Anti-entrapment devices:
  - □ Split drains □ Existing □ Proposed
  - □ SVRS □ Existing □ Proposed
  - □ Gravity (perimeter overflow with sump) □ Existing □ Proposed
  - □ Vent □ Existing □ Proposed
  - □ Combination □ Existing □ Proposed

- Other types: ____________________________

- Main Drain Anti-Entrapment Covers:
  - Make & Model #: ____________________  Floor Rating (gpm):_____  Wall Rating (gpm): _____

- Spa Jet Lines Anti-Entrapment Covers:
  - Make & Model #: ____________________  Floor Rating (gpm):_____  Wall Rating (gpm): _____

- Skimmer Equalizers Anti-Entrapment Covers:
  - Make & Model #: ____________________  Floor Rating (gpm):_____  Wall Rating (gpm): _____

**DISINFECTANT FEEDER CONTROLLER(S)**

- Manufacturer / Model #: ____________________  Type ____________

- Chemical Controllers Interlocked with Pump(s)? □ Yes □ No
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: ______

Enclosure Material: ________________
□ Residential unit(s) form portion of enclosure
□ Courtyard pool
□ No climbable structures or landscaping within 5 ft.
□ No holes/gaps greater than 4 inches

ANCILLARY AREA AND FACILITIES (if provided)
List the number of fixtures per item below:

Men’s toilets: ______ Urinals: ______ Women’s toilets: ______
Men’s showers: ______ Women’s showers: ______
Water Source: □ Public □ Community water system (name): ________________ □ Private
Angle jet drinking fountain (location): __________________________
Lifeguards onsite? □ Yes □ No

ADDITIONAL INFORMATION
__________________________________________________________
__________________________________________________________
__________________________________________________________
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