



COMMUNITY DEVELOPMENT AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

POOLS & SPAS DATA SHEET

Fill out one form for EACH POOL OR SPA

NAME OF POOL: _____ DATE: _____

ADDRESS: _____

DESIGNER/CONTRATOR: _____

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

- | | |
|--|--|
| <input type="checkbox"/> Replaster | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Split Main Drains | <input type="checkbox"/> Remodel Ancillary Facilities (Shower, Restrooms, Clubhouse) |
| <input type="checkbox"/> Replace Plumbing | <input type="checkbox"/> Rebuild Equipment Room |
| <input type="checkbox"/> Enclosure | <input type="checkbox"/> 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 1/2 foot depth marking line on plans

Type of pool fill system:

- Hose on deck
- Manual fill thru permanent fill line
- Autofill

Backflow device on fill line:

- Atmospheric (AVB)
- Pressure Vacuum Breaker (PVB)
- 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 _____

Manufacturer / Model #: _____ Type _____

Chemical Controllers Interlocked with Pump(s)? Yes No

GENERAL CONSTRUCTION

Shell: Gunitite / 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
