

## 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 ft<sup>3</sup>/gal = \_\_\_\_\_

Break in slope to drain: \_\_\_\_\_ x \_\_\_\_\_ x 7.48 ft<sup>3</sup>/gal = \_\_\_\_\_

Drain to end of pool: \_\_\_\_\_ x \_\_\_\_\_ x 7.48 ft<sup>3</sup>/gal = \_\_\_\_\_

Total Volume: \_\_\_\_\_ Surface Area \_\_\_\_\_ Pool Occupancy:  $\frac{\text{Surface Area}}{20} =$  \_\_\_\_\_ 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:  $\frac{\text{Surface Area}}{10} =$  \_\_\_\_\_ 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 (ft<sup>2</sup>): \_\_\_\_\_

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

Filter rate: \_\_\_\_\_ gal/min/ft<sup>2</sup> \_\_\_\_\_ gal/min/ft<sup>2</sup> \_\_\_\_\_ gal/min/ft<sup>2</sup> \_\_\_\_\_ gal/min/ft<sup>2</sup>

**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)

	# of Toilets	# of Urinals	# of Showers
Men			
Women		n/a	

Drinking fountain: ☐ Yes ☐ No (provide location on plans)

Safety Equipment:	Yes	No		Yes	No
Life ring and rope	<input type="checkbox"/>	<input type="checkbox"/>	Illustrated Respiration & CPR sign	<input type="checkbox"/>	<input type="checkbox"/>
12-ft. pole with body hook	<input type="checkbox"/>	<input type="checkbox"/>	Spa Use warning sign	<input type="checkbox"/>	<input type="checkbox"/>
No Lifeguard On Duty sign	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Shut-off sign	<input type="checkbox"/>	<input type="checkbox"/>
Occupancy Load sign	<input type="checkbox"/>	<input type="checkbox"/>	No Diving sign < 6 ft. deep	<input type="checkbox"/>	<input type="checkbox"/>
9-1-1 & Address sign	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea 14 Day sign	<input type="checkbox"/>	<input type="checkbox"/>

#### FOR DEPARTMENT USE ONLY

Total Volume = \_\_\_\_\_ gal = \_\_\_\_\_ required GPM

Location ID# \_\_\_\_\_ Project # \_\_\_\_\_

Turnover in minutes \_\_\_\_\_ (min)

Pump capacity (GPM) \_\_\_\_\_

Filter capacity (GPM) \_\_\_\_\_

**For plan check questions contact: Corey Chrisman 415.252.3849**