

POOL / SPA WORK SHEET - (To be filled out at time of plan review)

Pool to serve: _____
(Give name of community, motel, trailer/RV park, apartment, etc.)

Pool site address: _____ City: _____

Owner _____ Phone: _____

Owner address: _____ City/State/Zip: _____

Type of Facility: pool spa indoor outdoor general use limited use

Pool Class A B C D

Pool Dimensions: length _____ ft. X width _____ ft. = surface area _____ sq. ft.

Pool Water Volume: _____ gallons Maximum Bather Load: _____

Pool Structure: Gunite Poured concrete Fiberglass Vinyl liner Ceramic tile Other

Required turnover rate: _____ hrs. Actual turnover rate: _____ hrs.

Floor Slope Shallow End: _____ Floor Slope Deep End: _____

Depth Markers At: _____ ft. _____ ft. _____ ft. _____ ft. _____ ft.

Rope & Float Line Location: (water depth) _____ ft. Bottom Stripe Contrasting Color? Yes No

Diving Board Yes No Board length _____ ft. Board height over water _____ in.

Vertical distance above board to obstruction _____ ft. Distance to pool side from board _____ ft.

Distance to adjacent diving board _____ ft.

Deck Material: _____ Slope: _____

Deck Drains: type _____ Number _____

Pool Entry/Exit Type: stairs ladder protruding recessed

Locations: _____

Flow Meter: Manufacturer _____ Model _____

Filters: type diatomaceous earth high rate sand rapid sand cartridge

Manufacturer _____ Model _____

Surface area _____ sq. ft. circulation rate _____ gpm

Air relief valve automatic manual sight glass

Pressure gauges _____ Vacuum gauges _____

Pumps: Manufacturer _____ Model _____

Horsepower _____ Number of pumps _____ Feet _____ above below water level

Distance from main drain _____ ft. Lint strainer size _____ in. Circulation rate _____ gpm

Inlets/Outlets: number return inlets _____ adjustable Yes No
Type of outlets Continuous overflow gutter Skimmers - number _____
Location _____
Manufacturer _____ Model _____
Main drain number _____ grate cover size _____ ASME/ANSI A.112.19.8 compliant

Heater Type: natural gas propane gas electric solar
Manufacturer _____ Model _____

Water Supply: municipal private
Hose bibb vacuum breaker provided Yes No
Type and location of fill line _____

Waste Water Disposal: municipal private

Disinfectant Type/ Equip.: chlorine(gas dry liquid) bromine ozone UV other
Manufacturer _____ Model _____
Manufacturer _____ Model _____

Chemical Feeders: Type of chemical(s) _____
Manufacturer _____ Model _____
Manufacturer _____ Model _____

Test Kit: Manufacturer _____ Model _____

Tests: chlorine/bromine pH total alkalinity calcium hardness cyanuric acid

Safety Features: Lifeguard chairs required Yes No Number of chairs _____
Lifesaving equipment: Body hook with 12 foot reach pole _____ Ring buoy with rope _____
Rope length _____ ft. Telephone location _____
Barriers to pool access: type _____ height _____ ft.

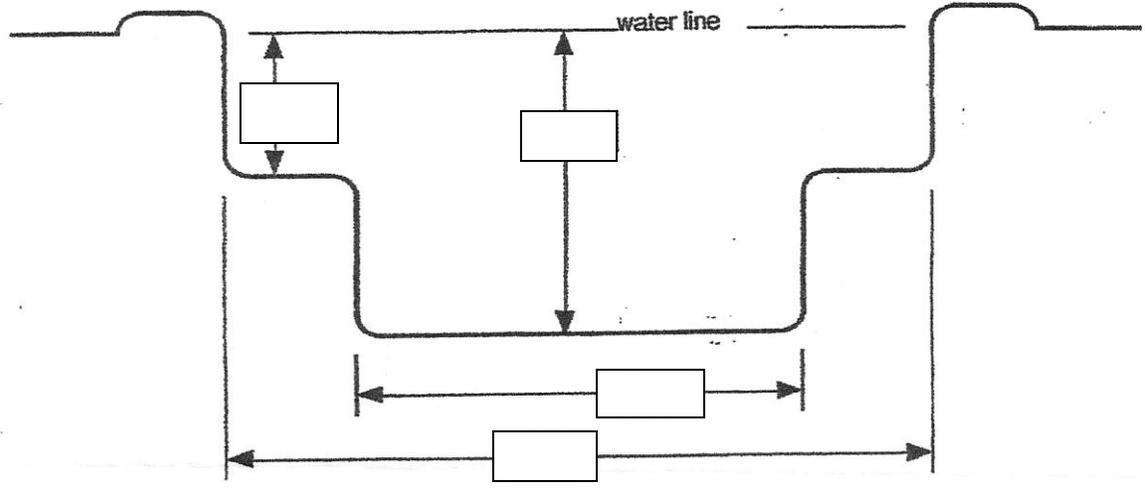
Dressing Facilities Required? Yes No

Visitor Area Provided? Yes No

Owner/Operator _____ Date _____

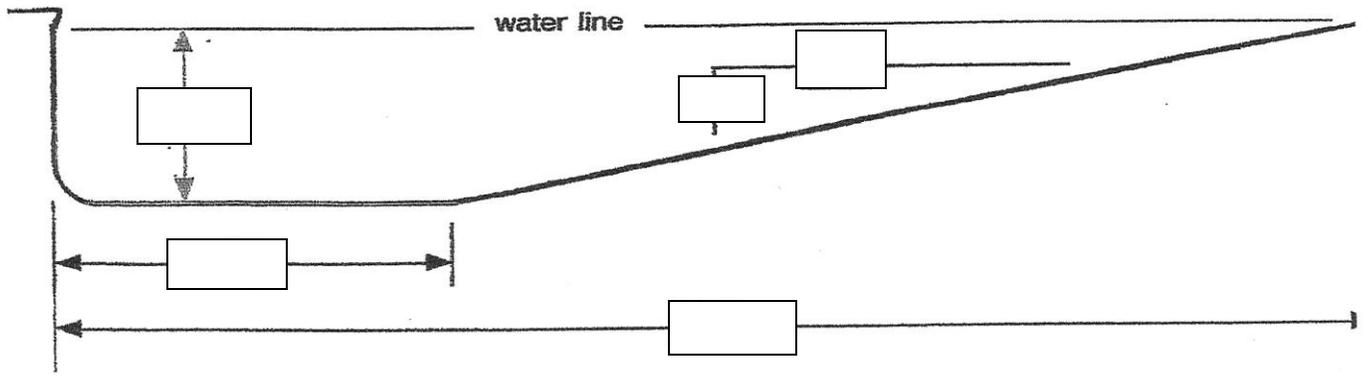
Consumer Health Services Inspector _____ Date _____

SPA DIAGRAM



List Measurements in Inches.

ZERO-DEPTH POOL DIAGRAM



POOL DIAGRAM

