



POOL / SPA DATA SHEET

Contractors: Complete and attach this entire form to your plans, one for **EACH** pool and/or spa. Submit manufacturers spec sheets for pumps, filters, flow meters, skimmers, chemical feeders, controllers & separation tanks.

Pool Name: _____ Pool Address: _____

Owner Name: _____ Phone: _____

Pool Contractor (Required): _____ Phone: _____

License Class: _____ License #: _____

Type of Pool: Pool Spa Wading Special Purpose (instruction, diving, competition or medical treatment)

Pool Size: Length _____ ft. Width _____ ft. Depth: _____ ft. to _____ ft.

Depth Marking Line at 4.5 feet: Yes No (width 4 to 6 inches of contrasting color tiles)

POOL Estimated Total Volume (Average Depth x Area x 7.48 cubic feet per gallons):

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):

Total Volume: _____ Surface Area _____ Spa Occupancy: $\frac{\text{Surface Area}}{10} =$ _____ bathers

Coping: Bullnose Rim Flow Channel Other _____ Shell Color _____

Filters: Number _____ Manufacturer _____ Model _____ Filter Area (ft²): _____

Type:	<input type="checkbox"/> High Rate Sand	<input type="checkbox"/> Rapid Rate Sand	<input type="checkbox"/> Cartridge	<input type="checkbox"/> Diatomaceous Earth (DE)
Filter rate:	_____ gal/min/ft ²	_____ gal/min/ft ²	_____ gal/min/ft ²	_____ gal/min/ft ²

Meets NSF 50 Standards: Yes No (**Provide spec sheet**)

Filter Pump(s): Number _____ Manufacturer _____ Model # _____ HP _____

Designed Feet of Head = _____ ft. of head. Variable speed: Yes No

Suction Pipe Size: _____ inch. PVC Schedule 40 or 80 Pump Meets NSF 50 Standards: Yes No
(Provide spec sheet)

Return Pipe Size: _____ inch. PVC Schedule 40 or 80

Number of Suction Drains _____ Distance between drain covers edges: _____ inches (36" min)

Drain Cover: Manufacturer _____ Model # _____ GPM Rating _____ Floor Wall

Skimmers: Number _____ Manufacturer _____ Model #: _____ Looped or Valve separate: _____

Suction Pipe Size: _____ inch. PVC Schedule 40 or 80 Meets NSF 50 Standard : Yes No
(Provide spec sheet)

Equalizer Drain Covers (if provided): Manufacturer: _____ Model #: _____ GPM Rating _____ Floor Wall

Jet Pump(s): Number _____ Manufacturer _____ Model # _____ HP _____

Designed Feet of Head = _____ ft. of head. Variable speed: Yes No

Suction Pipe Size: _____ inch. PVC Schedule 40 or 80 Pump Meets NSF 50 Standards: Yes No
(Provide spec sheet)

Return Pipe Size: _____ inch. PVC Schedule 40 or 80

Number of Suction Drains _____ Distance between drain covers edges: _____ inches (36" min)

Drain Cover: Manufacturer _____ Model # _____ GPM Rating _____ Floor Wall

Flow Meter: Manufacturer: _____ Model #: _____ flow range _____ to _____ (w/in 10% of flow)

Flow Meter Meets NSF 50 Standards: Yes No **(Provide spec sheet)**

Pool/Spa Light Yes # of _____ No Manufacturer _____ Model # _____ Watt _____ GFCI Yes No

Chemical Controller Manufacturer _____ Model # _____ NSF 50 Standards: Yes No

Disinfectant Feeder: Manufacturer: _____ Model # _____ Capacity _____ (GPD)

Feeder Meets NSF 50 Standards: Yes No **(Provide spec sheet)**

pH Feeder: Type: CO₂ / Acid Manufacturer: _____ Model # _____ Capacity _____ (GPD)

Feeder Meets NSF 50 Standards: Yes No **(Provide spec sheet)**

UV System Yes No Manufacturer: _____ Model # _____ Max GPM _____

System Meets NSF 50 Standards: Yes No **(Provide spec sheet)**

Deck material: _____ Finish _____ Deck drains: Area Channel (Indicate location on plans)

Restrooms/showers: Yes No (not required if within 300 walking feet of **furthest** living unit)

	# 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

Pool/Spa Total Volume = _____ gal _____ required GPM (6 hour / 30 min. / 2 hour) Location ID# _____ Project # _____

Filter Type & Rate = _____

Filter Suction Pipe Size _____ Max Flow _____ gpm (6 ft./sec) Pressure Pipe Size _____ Max Flow Rate _____ gpm (8 ft. /sec)

Jet Suction Pipe Size _____ Max Flow _____ gpm (6 ft./sec) Pressure Pipe Size _____ Max Flow Rate _____ gpm (8 ft. /sec)

Skim Suction Pipe Size _____ Max Flow _____ gpm (6 ft./sec) Handles 100% Y / N

For plan check questions contact: Inspector Chrisman (415) 252-3849