SWIMMING POOL DATA SHEET

NAME of POOL _____ Address _____

City or Town _____ Indoor ☐   Outdoor ☐

OWNER _____ DESIGNER _____

or _____

OPERATOR _____ Address _____

Address _____ Prof. Eng. ☐   Arch ☐

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1. **POOL AREA:** _____ sq. ft.   deck _____ sq. ft.   Water Depth: Min. _____ ft,   Max. _____ ft.

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2. **MAXIMUM BATHING LOAD**   Shallow (S) _____   Deep (D) _____   Total _____

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3. **POOL VOLUME** _____ I. Gals.   Pool basin colour _____

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4. **TURNOVER** _____ hrs. at design flow rate of _____ I. gpm.

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5. **RECIRCULATING PUMP:** Make & Model _____ Flow _____ I. gpm at _____ ft. TDH

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6. **FILTERS:** Sand ☐ Diatomite ☐ Pressure ☐ Vacuum ☐ Gravity ☐ ; NSF approved, Yes ☐ No ☐

    Make & Model _____   No. of filters _____   No. of elements _____

    Surface area (each filter) _____ sq. ft.   Total area (all filters) _____ sq. ft.

    Surface area (each element) _____ sq. ft.   Total area (all elements) _____ sq. ft.

    Rate of Filtration _____ I. gpm/sq. ft.   Rate of Backwash _____ I. gpm/sq. ft.

    Total Filter Capacity   (Rate of filtration x total area)_____ I. gpm

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7. **GAUGES:**   Pressure ☐   Vacuum ☐   Thermometers ☐   Nos. _____

    Flow indicator: Make & Model _____ Range _____ to _____ I. gpm.

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8. **BACKWASH PUMP:** Make & Model _____ Flow _____ I.gpm at _____ ft. TDH

    Backwash rate per filter _____ I. gpm.

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9. **DISINFECTION:**   Hypochlorite ☐   Chlorine Gas ☐   Other _____

    Make & Model _____   Capacity _____ lbs/24 hr.

    Point of Injection: Filter infl. ☐   Filter effl. ☐

    Max. dosing rate _____ ppm.

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10. **FEEDERS:**   Chemical ☐   Slurry ☐

    Make & Model _____   Chemicals used _____

    Capacity _____   Make & Model _____

    Injection point _____   Capacity _____

                                          Injection point _____

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11. **POOL INLETS:**   Type _____ Size _____   Total No. _____ at _____ ft. spacing;

    Depth below W/L _____ in.

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12. **MAIN DRAIN:**   Make & Model _____ No. _____

    Size of free opening _____ sq. in.   Vel. through grate opening _____ ft./sec.

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13. **OVERFLOW:**   Gutter ☐   Rollout ☐   Deck level ☐   Other ☐

    No. drains _____ at _____ ft. spacing;   size _____ in.

    Skimmers: Make & Model _____ NSF Approved: Yes ☐ No ☐

    No. of skimmers _____ at _____ sq. ft./skimmer.

    Max. overflow capacity _____ I. gpm.   Normal flow through overflows _____ I. gpm.

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14. **MAKE-UP WATER**   Source, Public ☐   Private ☐   Size of make-up line _____ in.

    Control: Manual ☐   Automatic ☐   Air Gapped, Yes ☐   No ☐

    Backflow preventer Yes ☐   No ☐   Make & Model _____

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15. **WATER PIPING:**   Copper ☐   Galv. ☐   Plastic ☐   Other _____

    Max. Velocity: return piping (from pool) _____ ft./sec.   Supply piping (to pool) _____ ft./sec.

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16. **REMARKS:** (for Health Dept. use)

The foregoing data is a true statement of facts pertaining to this pool as it is to be constructed.

Signed _____

(Design Engineer or Architect)

Date _____