



## POOL DATA SHEET

State Form 43038 (R / 6-96)

## Noble County Health Department

2090 N State Road 9, Suite C

Albion, IN 46701

Phone: (260)-636-2191

NOTE: This form is to be completed by the submitter.

This form is supplemental to the "Application For Construction Design Release" (State Form 37318).

### PROJECT INFORMATION

Name of project	SBC project number		
Street address	City	County	
Facility use <input type="checkbox"/> Spa <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class <input type="checkbox"/> Wading Pool <input type="checkbox"/> Spa Pool <input type="checkbox"/> Other (specify): D _____	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Pool type	

### DESIGN CRITERIA

Pool surface area (sf)	Pool volume (gal.)	Pool volume (cu. ft.)
Deck surface area (sf)	Required turnover time (hrs.)	Required GPM
Total surface area (sf)	Actual turnover time (hrs.)	

### PUMP AND RECIRCULATION SYSTEM

Backwash pump (make and model number)	Recirculation pump (make and model number)
Total dynamic head (ft.)	Total dynamic head (ft.)
Pump capacity (gpm)	Pump capacity (gpm)
Listing agency backwash pump	Listing agency recirculating pump

Filter (make and model number)	<input type="checkbox"/> High Rate Sand <input type="checkbox"/> Hair / Lint Catcher <input type="checkbox"/> Rapid Sand <input type="checkbox"/> Pressure <input type="checkbox"/> Cartridge <input type="checkbox"/> Vacuum <input type="checkbox"/> Diatomite		
Number of filters or elements			
Surface area per filter or element (sf)	Rate of filtration (gpm / sf)	Rate of backwash (gpm / sf)	
Total area of filters (sf)	Area of filter required	Listing agency filter	

ATTACH TECHNICAL LITERATURE FOR PUMP(S)

ATTACH TECHNICAL LITERATURE FOR FILTER(S)

# POOL DATA SHEET (Continued)

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## FOR OFFICE USE ONLY

SBC project number

GAUGES			DISINFECTION	
<input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum	Range (GPM)	Flowmeter pipe size	<input type="checkbox"/> Hypochlorite <input type="checkbox"/> Bromine	<input type="checkbox"/> Cl <sub>2</sub> Gas <input type="checkbox"/> Other
FEEDERS			Make and model number	
<input type="checkbox"/> Chemical	<input type="checkbox"/> Slurry	Make and model number	Maximum dosing rate (PPM)	Minimum dosing rate (PPM)
Capacity	Capacity		Injection point	
INLETS			MAIN OUTLET	
<input type="checkbox"/> Directional	<input type="checkbox"/> Adjustable	<input type="checkbox"/> Floor	Grate opening area required (sq. in.)	Grate opening area provided (sq. in.)
Total number of inlets:				
Maximum GPM per inlet	Actual GPM per inlet		Velocity through grate (FPS)	<input type="checkbox"/> Hydrostatic Relief Valve <input type="checkbox"/> Other
Maximum discharge piping velocity (FPS)	Pipe discharge size (in. dia.)		Drain pipe area (sq. in.)	Pipe size (inches, diameter)
OVERFLOW			Flow through main drain (GPM):	
<input type="checkbox"/> Gutters	<input type="checkbox"/> Skimmers		MAKE-UP WATER	
Make and model number			<input type="checkbox"/> Public	<input type="checkbox"/> Private
Flow through (gutters) (skimmers) (percent)			Size of fill spout	Location
Equalizer line (gutters) (skimmers) (in. dia.)			<input type="checkbox"/> Automatic	<input type="checkbox"/> Manual
Listing agency (gutters) (skimmers)			<input type="checkbox"/> Airgap	<input type="checkbox"/> Backflow Prevention
PIPING			HEATING	
Materials			<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas	<input type="checkbox"/> Solar <input type="checkbox"/> Other
ASTM number(s)			Make and model number	BTU / Hr.
Schedule number			Capacity and location	Maximum water temperature (°F)
<input type="checkbox"/> Sump pit with air gap for backwash and draining of the pool (wastewater).				
<input type="checkbox"/> Project in compliance with Article 680, Indiana Electric Code (675 IAC 17)				
MISCELLANEOUS				
<input type="checkbox"/> Diving Boards, Platforms <input type="checkbox"/> Fence, Lockable Gate(s) <input type="checkbox"/> Lifeguard Chair(s) <input type="checkbox"/> Gas Mask <input type="checkbox"/> Lifeguards <input type="checkbox"/> DPD Test Kit	<input type="checkbox"/> Ground Fault Interrupter <input type="checkbox"/> Ladders <input type="checkbox"/> Reach Pole (12 feet minimum) <input type="checkbox"/> Ring Buoy <input type="checkbox"/> Telephone (within 300 feet)	<input type="checkbox"/> Underwater Lighting <input type="checkbox"/> Area Lighting <input type="checkbox"/> Safety Rope <input type="checkbox"/> First Aid Kit <input type="checkbox"/> Spine Board		
COMMENTS				