

POOL/SPA/WADING POOL FORM – SCOPE OF WORK

Facility Name:	SR#:	Date:
Facility Address:	City:	PR#:
Contact/Contractor:	Email:	Phone:
Work Description:		

Please complete the following information (All Fields Are Required. Enter N/A if not Applicable):

SIZE OF POOL, SPA OR WADING POOL			
GALLONAGE:	(Surface Area) _____ x (Ave. Depth) _____ x 7.48 gal./cu.ft. = _____ gallons		
TURNOVER RATE:	POOL: (gallons) / 360 minutes = _____ gpm SPA: (gallons) / 30 minutes = _____ gpm WADING POOL: (gallons) / 60 min. = _____ gpm		
EQUIPMENT		PLEASE COMPLETE	
FILTER: - Rapid sand filters will be sized to the flow rate (GPM) at 45 TDH. - All other filters will be sized to the flow rate at 60 TDH. - Provide pump curve for each pump.		Make:	Model:
		Sand _____	D.E. _____
		Cartridge _____	
		Sump with Air Gap (required for Sand and DE Filters): YES _____ NO _____	
		Cartridge Filter Wash Down Area: YES _____ NO _____ LOCATION/METHOD _____	
DE Separation Tank: Make _____ Model _____			
Select TDH Option: End of the curve OR Measured TDH Complete TDH verification form	RECIRCULATION PUMP: BOOSTER PUMP:	Make: GPM at end of the curve:	Model: Measured TDH:
		h.p.: GPM at measured TDH:	# of Pumps:
		Make: GPM at end of the curve:	Model: Measured TDH:
		h.p.: GPM at measured TDH:	# of Pumps:
CHEMICAL FEEDER/DISINFECTANT:		Make:	Model:
CHEMICAL CONTROLLER:		Make:	Model:
FLOWMETER:		Make:	Model:
GFCI:		Exact Location:	
DRAIN COVERS: Main (m): _____ Booster (b): _____ Shared (Main and Booster): _____ Attach manufacturer specification sheets for approval Covers manufactured after May 24 2021 must be rated under ANSI/APS-7/ICC-16 2017		Number of Drains: <input type="checkbox"/> one <input type="checkbox"/> two <input type="checkbox"/> Other (specify #): _____ Split Drains: At least three feet apart from inner edge of covers: YES _____ NO _____ Hydraulically Balanced & Symmetrically Plumbed: YES _____ NO _____ <div style="border: 1px solid black; padding: 5px;"> Make: _____ (m/s) Model: _____ (m/s) _____ (b) _____ (b) Size: _____ (m/s) _____ (b) </div>	
		Check which applies: <input type="checkbox"/> Safety Vacuum Release System: _____ <input type="checkbox"/> Gravity Drainage System to a Surge Tank <input type="checkbox"/> Suction Limiting Vent System <input type="checkbox"/> Other Systems <input type="checkbox"/> Automatic Pump Shut Off System	

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EQUALIZER LINE COVERS:

YES: _____ NO: _____

AUTO FILL:

YES _____ NO _____

GUTTER/OVERFLOW SYSTEM

YES: _____ NO: _____

Attach manufacturer specification sheets for approval

Covers manufactured after May 24 2021 must be rated under ANSI/APS-7/ICC-16 2017

Make: _____ Model: _____

Size: _____

Split Eq Lines: At least three feet apart from inner edge of covers: YES _____ NO _____

Hydraulically Balanced & Symmetrically Plumbed: YES _____ NO _____

NUMBER OF SKIMMERS: _____ NUMBER OF EQUALIZER COVERS: _____

SUCTION PLUMBING SIZE ADJACENT TO DRAIN COVERS:

SKIMMER: _____ MAIN DRAIN: _____ COMBINED (i.e. only one suction line): _____

BOOSTER: _____ SUMP DEPTH (PIPE TO COVER): Main _____ Booster _____ Equalizer _____

RETURN PLUMBING SIZE: _____

Install all equipment according to manufacturer's specifications.

Schematic diagram of proposed pool layout (show location of skimmers, drains, handrails, etc.):

Description of additional/other changes (i.e., plumbing, electrical, decking, fencing etc.):

COMPANY OR INDIVIDUAL DOING THE WORK: (must have an active/valid California License)

Name: _____

Address: _____

Phone Number: _____

Email: _____

Contractor's License Number: _____

A fee will be charged for the plan review of this application. Contact (510) 567-6700 for more information.