

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	
TOURNOVER 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: _____ # of Filters: _____ 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: _____ Model: _____ h.p.: _____ # of Pumps: _____ GPM at end of the curve: _____ Measured TDH: _____ GPM at measured TDH: _____ Make: _____ Model: _____ h.p.: _____ # of Pumps: _____ GPM at end of the curve: _____ Measured TDH: _____ GPM at measured TDH: _____
CHEMICAL FEEDER/DISINFECTANT:		Make: _____ Model: _____ Type: _____
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 Plumberd: YES _____ NO _____ <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> 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		

POOL/SPA/WADING POOL FORM – SCOPE OF WORK

EQUALIZER LINE COVERS: YES: <input type="checkbox"/> NO: <input type="checkbox"/> AUTO FILL: YES <input type="checkbox"/> NO <input type="checkbox"/> GUTTER/OVERFLOW SYSTEM YES: <input type="checkbox"/> NO: <input type="checkbox"/> 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: _____
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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.