

# POOL/SPA/WADING POOL FORM – SCOPE OF WORK

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

**Please complete the following information:**

SIZE OF POOL, SPA OR WADING POOL	
<b>GALLONAGE:</b>	(Surface Area) _____ x (Ave. Depth) _____ x 7.48 gal./cu.ft. = _____ gallons
<b>TURNOVER RATE:</b>	<b>POOL:</b> (gallons) / 360 minutes = _____ gpm <b>SPA:</b> (gallons) / 30 minutes = _____ gpm <b>WADING POOL:</b> (gallons) / 60 min. = _____ gpm

EQUIPMENT	PLEASE COMPLETE																		
<b>FILTER:</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>Make:</b></td> <td style="width: 30%;"><b>Model:</b></td> <td style="width: 40%;"><b># of Filters:</b></td> </tr> <tr> <td>Sand _____</td> <td>D.E. _____</td> <td>Cartridge _____</td> </tr> <tr> <td colspan="3">Sump with Air Gap (required for Sand and DE Filters): YES _____ NO _____</td> </tr> <tr> <td colspan="3">Cartridge Filter Wash Down Area: YES _____ NO _____ LOCATION/METHOD _____</td> </tr> <tr> <td colspan="3">DE Separation Tank: Make _____ Model _____</td> </tr> </table>	<b>Make:</b>	<b>Model:</b>	<b># of Filters:</b>	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 _____					
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<b>RECIRCULATION PUMP:</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>Make:</b></td> <td style="width: 30%;"><b>Model:</b></td> <td style="width: 10%;"><b>h.p.:</b></td> <td style="width: 30%;"><b># of Pumps:</b></td> </tr> </table>	<b>Make:</b>	<b>Model:</b>	<b>h.p.:</b>	<b># of Pumps:</b>														
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<b>CHEMICAL FEEDER/DISINFECTANT:</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>Make:</b></td> <td style="width: 30%;"><b>Model:</b></td> <td style="width: 40%;"><b>Type:</b></td> </tr> </table>	<b>Make:</b>	<b>Model:</b>	<b>Type:</b>															
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<b>CHEMICAL CONTROLLER:</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>Make:</b></td> <td style="width: 70%;"><b>Model:</b></td> </tr> </table>	<b>Make:</b>	<b>Model:</b>																
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<b>FLOWMETER:</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>Make:</b></td> <td style="width: 70%;"><b>Model:</b></td> </tr> </table>	<b>Make:</b>	<b>Model:</b>																
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<b>GFCI:</b>	<b>Exact Location:</b>																		
<b>DRAIN COVERS:</b>  Main (m): _____ Booster (b): _____  Shared (s): _____  <b>Attach manufacturer specification sheets for approval</b>  <b>Covers manufactured after May 24 2021 must be rated under ANSI/APS-7/ICC-16 2017</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"><b>Number of Drains:</b>    <input type="checkbox"/> one    <input type="checkbox"/> two    <input type="checkbox"/> Other (specify #): _____</td> </tr> <tr> <td colspan="3"><b>Split Drains:</b> At least three feet apart from inner edge of covers: YES _____ NO _____</td> </tr> <tr> <td colspan="3"><b>Hydraulically Balanced &amp; Symmetrically Plumbed:</b> YES _____ NO _____</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"><b>Make:</b> _____ (m/s)</td> <td style="border: 1px solid black; padding: 5px;"><b>Model:</b> _____ (m/s)</td> <td></td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">_____ (b)</td> <td style="border: 1px solid black; padding: 5px;">_____ (b)</td> <td></td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"><b>Size:</b> _____ (m/s)</td> <td style="border: 1px solid black; padding: 5px;">_____ (b)</td> <td style="border: 1px solid black; padding: 5px;"><b>Date Manufactured:</b> _____ (m/s) _____ (b)</td> </tr> </table> <p><b>Check which applies:</b></p> <input type="checkbox"/> Safety Vacuum Release System: _____ <input type="checkbox"/> Gravity Drainage System <input type="checkbox"/> Suction Limiting Vent System <input type="checkbox"/> Other Systems <input type="checkbox"/> Automatic Pump Shut Off System	<b>Number of Drains:</b> <input type="checkbox"/> one <input type="checkbox"/> two <input type="checkbox"/> Other (specify #): _____			<b>Split Drains:</b> At least three feet apart from inner edge of covers: YES _____ NO _____			<b>Hydraulically Balanced &amp; Symmetrically Plumbed:</b> YES _____ NO _____			<b>Make:</b> _____ (m/s)	<b>Model:</b> _____ (m/s)		_____ (b)	_____ (b)		<b>Size:</b> _____ (m/s)	_____ (b)	<b>Date Manufactured:</b> _____ (m/s) _____ (b)
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<p><b>EQUALIZER LINE COVERS:</b></p> <p>YES:        NO:</p> <p><b>AUTO FILL:</b></p> <p>YES _____ NO _____</p> <p>Attach manufacturer specification sheets for approval</p> <p>Covers manufactured after May 24 2021 must be rated under ANSI/APS-7/ICC-16 2017</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p><i>Make:</i> _____ <i>Model:</i> _____</p> <p><i>Size:</i> _____ <i>Date Manufactured:</i> _____</p> </div> <p><i>Split Eq Lines: At least three feet apart from inner edge of covers: YES ___ NO ___</i></p> <p><i>Hydraulically Balanced &amp; Symmetrically Plumbed: YES _____ NO _____</i></p>
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**NUMBER OF SKIMMERS:** \_\_\_\_\_ **NUMBER OF EQUALIZER COVERS:** \_\_\_\_\_

**SUCTION PLUMBING SIZE:**

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.):**

<b>COMPANY OR INDIVIDUAL DOING THE WORK: (must have an active/valid California License)</b>	
<b>Name:</b> _____	
<b>Address:</b> _____	
<b>Phone Number:</b> _____	<b>Email:</b> _____
<b>Contractor's License Number:</b> _____	

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