### Section A

**General:**
1. Owner of Pool
2. Name of Pool
3. City, Town, Village: __________________________ County: __________________________
4. (Check One) New Pool [ ] Change to Existing Pool [ ]
5. Type of Pool (check as applicable)
   - Indoor Pool [ ]
   - Outdoor Pool [ ]
   - Spa Outdoor [ ]
   - Spa Indoor [ ]
   - Wading Pool [ ]
   - White Water Slide [ ]
   - Wave Pool [ ]
   - Other [ ]
   - Movable Bottom Pool [ ]
   - Special Purpose Pool [ ]
6. Anticipated Date of Start of Construction __________________________
7. Estimated Date of Completion __________________________

### Section B

**Pool Configuration:**
1. Type of Construction __________________________
2. Length __________________________ Width __________________________ Area __________________________
3. Shape: Rectangle [ ] Square [ ] L-Shaped [ ] Z-Shaped [ ]
   - U-Shaped [ ]
   - Oval [ ] Other [ ]
4. Depths Minimum __________________________ Maximum __________________________
5. Pool Capacity __________________________ gallons
6. Transition Slope Shallow to Deep End __________________________ In Shallow End __________________________

### Section C

**Bather Capacity:**
1. Maximum Number of Bathers Permitted to Use Pool at One Time __________________________
   \[\text{[(Shallow Area Less Than 5') }\div 15 + \text{(Deep Area Greater Than 5' Depth - 300 x No. of Diving Boards)} \div 25]\]
2. Spa Bather Capacity: Area \(\div 10\) = __________________________

### Section D

**Water Supply:**
1. Drinking Water __________________________
2. Water for Sanitary Use __________________________
3. Water Source for Swimming Pool Use __________________________
4. Quantity Available __________________________ gpm
5. Capacity of Fill Pipe __________________________ gpm
6. Method Used to Prevent Interconnection or Back Siphonage __________________________
7. Fill Pipe (describe method, size, location) __________________________
# Section E

## Deck Equipment

1. **Ladders:**
   - Number: __________
   - Locations: __________

2. **Physically Disabled Access:**
   - Yes ☐
   - No ☐
   - If yes, describe: ____________________________

3. **Diving Boards:**
   - ft. Above Water: __________
   - Depth of Diving Area: __________ ft.
   - Length: __________

   Water depth under starting blocks: __________ ft.

4. **Deck Slide Location:**

5. **Location of 4" Stripe:**

6. **Depth Markers:**
   - Spacing: __________
   - Height of Numerals: __________
   - Material: __________

7. **Fencing/Barrier Height:**
   - __________ ft.

8. **Max. Opening Verticals/Horizontals/Under Fence:**

9. **Self-Closing Gates:**
   - Yes ☐
   - No ☐

10. **Positive Latching Device:**
    - Yes ☐
    - No ☐

11. **Height of Latch Above Grade:**
    - __________ inches

12. **Elevated Lifeguard Chairs:**
    - No. & Location: ____________________________

13. **Recessed Steps:**
    - Riser: __________ inches
    - Tread: __________ inches

14. **Stairs:**
    - Tread: __________ inches
    - Riser: __________ inches

---

# Section F

## Recirculation Equipment

1. **Recirculation Pump:**
   - Make: __________
   - Model #: __________
   - Turnover: __________ gals. capacity
   - gpm x 60 = __________ hrs.

2. **Pipe Material:**
   - Main Drain Suction Pipe
   - Inlet Pipes
   - Main Drain Grate

3. **Head Loss Computations, Pump Curve (attached):**
   - Yes ☐
   - No ☐

4. **Hair Catcher:**
   - Pipe Size: __________
   - Basket Diameter: __________
   - Depth: __________

5. **Vacuum Cleaner:**
   - Make: __________
   - Type: __________
   - Piping Size: __________
   - Hose Length: __________ ft.

6. **Filters:**
   - Type: __________
   - Make: __________
   - No.: __________
   - Filter Medium: __________

   Area Each Filter: __________ x __________ x __________ = __________ sq. ft.

   Filtration Rate: __________ gpm sq. ft.

   Backwash Rate: __________ gpm sq. ft.

   Total Area: __________

7. **Pressure Gauges:**

8. **Rate Controllers:**

9. **Flow Meter:**
   - Make: __________
   - Model #: __________

10. **Inlets:**
    - No.: __________
    - Spacing: __________
    - Depth: __________
    - Size: __________
    - Adjustable: __________

    Make: ____________________________
    - Model #: ____________________________
### Section G
**Pool Waste Drain**

1. Pipe size __________ Length __________
2. Grate Opening Area (sq. in.) __________ Number of Grates __________
3. Length of Time Needed to Empty Pool __________
4. Describe Arrangement for Backflow Prevention __________
5. Main Drain: Spacing __________ Distance from the Wall __________
6. Gutter Type __________ Size __________ Drain Spacing __________
7. Surge Capacity (provided computations) __________
8. Skimmers: Make/Model # __________ Number __________ Location __________
   - Pipe Size __________ Flow Rate Through Skimmer __________
   - Equalizer Lines Provided [ ] Yes [ ] No
   - Deck Drain Spacing __________ Slope to Drain __________

### Section H
**Chemical Feeders and Test Equipment**

1. Disinfection Chemical To Be Used __________
2. Describe Provisions for Chemical Storage __________
3. Make and Type of Feeder (Model #) __________
4. Capacity of Feeder __________
5. % Strength of Solution __________ Maximum Dosage __________ Point of Application __________
6. **Operation Control**
   - Alkalinity Hardness Test Kit (Range) __________
   - Chlorine Residual Test Kit (Range) __________
   - pH Test Kit (Range) __________
   - pH Control Chemical to be Used __________
   - Make of Feeder (Model #) __________
   - Automatic deactivation device provided [ ] Yes [ ] No

### Section I
**Waste Disposal System**

1. Describe Facilities for Sanitary Waste Disposal __________
2. Have Plans for Facility Been Approved? [ ] Yes [ ] No
3. Describe Facilities for Pool Waste Disposal (including point of discharge) __________

### Section J
**Bathhouse Facilities (Numbers Provided)**

<table>
<thead>
<tr>
<th>Showers</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Lavatories</td>
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<tr>
<td>Toilets</td>
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<td></td>
</tr>
<tr>
<td>Urinals</td>
<td></td>
<td>xxxx</td>
</tr>
</tbody>
</table>

### Section K
**Lifesaving Equipment**

1. Lifesaving Equipment Lifeguard Chairs __________ Torpedo or Ring Buoy or Rescue Tube __________
   - Reaching Pole __________ Spine Board __________
   - Pocket Mask __________
2. First Aid: Commercially available First Aid Kit [ ] Yes [ ] No First Aid Room [ ] Yes [ ] No
3. Chlorine Gas Storage Location __________
   - Self Contained Breathing Apparatus [ ] Yes [ ] No
   - If Yes, Location __________

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## Section L
### Electrical and Ventilation

1. Describe Arrangements for Ventilation

2. Underwater Lights:
   - Number
   - Make
   - Model #

3. Deck Junction Box
   - Number
   - Make
   - Model #

4. Underwriters’ Certificate
   - Yes
   - No

5. Other Hazards (explain)

6. Overhead Illumination on Water Surface

7. Underwater Lights Watts/sq. ft. Provided

8. Ground Fault Circuit Interruptors Provided
   - Yes
   - No

## Section M
### Spas

1. Maximum Water Depth

2. Maximum Depth of Any Seat From Water Line

3. Steps:
   - Tread Height
   - Riser Height

4. Deck Area Provided (Show Calculations)

5. Thermostatic Control:
   - Make
   - Model

6. Alarm System/Timer
   - Yes
   - No

7. Air Induction System, Arrangement for Backflow Prevention

8. Warning Sign Area

## Section N
### Water Slides

1. Minimum Operating Water Depth
   - Slide Flume Terminus

   Distance between sides of adjacent flumes
   - Distance between side of flume and end wall

2. Special Purpose Pool
   - Stair Step
   - Riser
   - Step Tread
   - Hand Rail Height

### Special Purpose Pool

INFORMATION:

THIS FORM IS INTENDED TO INCLUDE FEATURES PERTINENT TO THE DESIGN AND OPERATION OF A SWIMMING POOL. THE FORM SHOULD BE USED TO SUPPLEMENT THE NARRATIVE REPORT OF THE ENGINEER OR ARCHITECT IN THE TRANSMITTAL OF PLANS TO THE HEALTH DEPARTMENT.

Signature of Designing Engineer or Architect

Date

Address

Professional Engineer’s or Architect’s License # (or apply seal)

Telephone Number

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