

Engineering Report for Swimming Pool Plans

Design Compliance with Subpart 6-1
NYS Sanitary Code

For Office Use Only

Computer # _____ Date _____

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 1 Outdoor Pool 2 Spa Outdoor 3 Spa Indoor 4
Wading Pool 5 White Water Slide 6 Wave Pool 7 Other 8
Movable Bottom Pool 9 Special Purpose Pool 10
 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 1 Square 2 L-Shaped 3 Z-Shaped 4
 U-Shaped 5 Oval 6 Other 7
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 _____
[(Shallow Area Less Than 5') + 15 + (Deep Area Greater Than 5' Depth - 300 x No. of Diving Boards) + 25]
2. Spa Bather Capacity: Area + 10 = _____

Section D

Water Supply:

- Water Source:
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 _____
_____ 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/Horizontal/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 $\frac{\text{gals. capacity}}{\text{gpm} \times 60} =$ _____ hrs.
2. Pipe Material Main Drain Suction Pipe Inlet Pipes Main Drain Grate
Size _____
Length _____
Velocity _____
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. Total Area _____
Filtration Rate $\frac{\text{gpm}}{\text{sq. ft.}} =$ _____ gpm per sq. ft. Backwash Rate $\frac{\text{gpm}}{\text{sq. ft.}} =$ _____ gpm per sq. ft.
Body Feeder Capacity (D.E.) _____
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) _____
4. Filter Wash Water _____ 5. Scum Gutter Waste _____ 6. Vacuum Cleaner Waste _____

Section J

Bathroom Facilities (Numbers Provided)

	Men	Women
Showers	_____	_____
Lavatories	_____	_____
Toilets	_____	_____
Urinals	_____	xxxx

Section K

Lifesaving Equipment

1. Lifesaving Equipment
 Lifeguard Chairs _____ Torpedo or Ring Buoys 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 _____

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 _____ ft. candles
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

1. Water Slides

Minimum Operating Water Depth _____ Slide Flume Terminus _____
Distance between sides of adjacent flumes _____ ft. Distance between side of flume and end wall _____ ft.

2. Special Purpose Pool

Stair Step Riser _____ Step Tread _____ Hand Rail Height _____

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 _____