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
   \[ (\text{Shallow Area Less Than 5'}) + 15 + (\text{Deep Area Greater Than 5'} \cdot 300 \times \text{No. of Diving Boards}) + 25 \]
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 ____________
6. Method Used to Prevent Interconnection or Back Siphonage ____________
7. Fill Pipe (describe method, size, location) ____________

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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.


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
   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.
   Filtration Rate ________ gpm sq. ft. = ________ gpm per sq. ft.
   Backwash Rate ________ gpm sq. ft. = ________ gpm per sq. ft.
   Body Feeder Capacity (D.E.) __________________________


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) __________________
   pH Test Kit (Range) __________________
   Chlorine Residual 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

Bathhouse Facilities (Numbers Provided)

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Section K

Lifesaving Equipment

1. Lifesaving Equipment
   Lifeguard Chairs __________________
   Reaching Pole __________________
   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 I

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 Interrupters 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 __________________

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