

Ohio Department of Health Public Pool/Spa Data Sheet

ODH file no

Action governed by
Ohio Revised Code Chapter 3749

Type of project			Construction type
Outdoor 1. <input type="checkbox"/> Pool 2. <input type="checkbox"/> Spa 3. <input type="checkbox"/> Wading pool 4. <input type="checkbox"/> Diving pool	Indoor 5. <input type="checkbox"/> Pool 6. <input type="checkbox"/> Spa 7. <input type="checkbox"/> Wading pool 8. <input type="checkbox"/> Diving pool	Special 9. <input type="checkbox"/> Special use pool 10. <input type="checkbox"/> Special feature 11. <input type="checkbox"/> _____	1. <input type="checkbox"/> New 2. <input type="checkbox"/> Renovation (See C. of Instructions)

County		Local health district	
Project name		Designer	
Street address		Street address	
City	Township	City	Township
ZIP	Phone ()	ZIP	Phone ()
Owner		Contractor	
Street address		Street address	
City	Township	City	Township
ZIP	Phone ()	ZIP	Phone ()

Instructions

- A. Print clearly
 B. Original and four (4) copies required.
 C. Complete all sections to provide full information. For renovation work always complete section 01: check each section 'New' or 'Existing'.
 D. Where a component is not used or does not exist label that section "N/A"—Not Applicable.
 E. Describe work to be done in Section 14- "Remarks"

<p>01. Design Geometry</p> <p>a. Pool/Spa surface area _____ ft² b. Deck surface area _____ ft² c. Total area _____ ft² d. Pool Spa volume _____ gal e. Required turnover period <input type="checkbox"/> Pool-480 min. <input type="checkbox"/> Wading pool-120min. <input type="checkbox"/> Spa-30 min. <input type="checkbox"/> Other _____ min. f. Minimum required flow rate (ld / 1e) _____ gpm g. Normal operating flow rate _____ gpm h. Maximum operating flow rate _____ gpm</p> <hr/> <p>02. Recirculation Pump <input type="checkbox"/> New <input type="checkbox"/> Existing</p> <p>a. Make/Model no. _____ b. H.P. _____ <i>submit pump curve</i> c. System total dynamic head (usually 40-60ft.) _____ ft. d. Pump capacity (at TDH in 2c) _____ gpm e. Hair/Lint strainer <input type="checkbox"/> Yes <input type="checkbox"/> No f. Throttle valve required? <input type="checkbox"/> Yes <input type="checkbox"/> No limit flow _____ gpm</p> <hr/> <p>03. Other Pumps <input type="checkbox"/> New <input type="checkbox"/> Existing</p> <p>a. Make/Model no. _____ b. H.P. _____ <i>submit pump curve</i> c. System total dynamic head (usually 40-60ft.) _____ ft. d. Pump capacity (at TDH in 3c) _____ gpm e. Throttle valve required? <input type="checkbox"/> Yes <input type="checkbox"/> No limit flow _____ gpm</p>	<p>f. Flow measuring device _____ Range _____</p> <p>Note: Provide vertical loop (12 inch minimum above top of pool) for air blower to prevent shock hazard.</p> <hr/> <p>04. Filtration <input type="checkbox"/> New <input type="checkbox"/> Existing</p> <p>a. Filter type <input type="checkbox"/> Sand <input type="checkbox"/> D.E. <input type="checkbox"/> Cartridge <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum</p> <p>b. Make/Model no. _____ c. Number Elements _____ Filters _____ d. Area of each Elements _____ Filters _____ e. Total filter area _____ sf f. Commercial filter design flow rate _____ gpm/sf g. Maximum allowable filter flow (4e x 4f) _____ gpm</p> <hr/> <p>05. Main Drain <input type="checkbox"/> New <input type="checkbox"/> Existing</p> <p>a. Anti-Vortex grates <input type="checkbox"/> Yes <input type="checkbox"/> No b. Make/Model no. _____ c. Size/Dimension _____ in d. Each grate open area _____ sq-in e. Velocity thru grate at 100% of 2d _____ fps f. Maximum allowable flowrate _____ gpm</p> <hr/> <p>06. Other Suction Drains <input type="checkbox"/> New <input type="checkbox"/> Existing</p> <p>a. Anti-Vortex grates <input type="checkbox"/> Yes <input type="checkbox"/> No b. Make/Model no. _____ c. Size/Dimension _____ in d. Each grate open area _____ sq-in e. Velocity thru grate at 100% of 3d _____ fps f. Maximum allowable flowrate _____</p>	<p>07. Overflow <input type="checkbox"/> New <input type="checkbox"/> Existing</p> <p>a. Skimmers</p> <p>1. Make/Model no. _____ 2. Number _____ 3. Equalizer (<i>equalizer valve required</i>) a.) Depth below operating level _____ in.</p> <p>b. Gutters</p> <p>1. Make/Model no. _____ 2. Number of drain/collector boxes _____ 3. Open area each box _____ 4. Number of return boxes _____ 5. Available surge capacity (gallons) Surge tank _____ Pool _____ Gutters _____ Total _____</p> <hr/> <p>08. Return Inlets <input type="checkbox"/> New <input type="checkbox"/> Existing</p> <p>a. <input type="checkbox"/> Wall <input type="checkbox"/> Integral gutter</p> <p>1. Depth below operating level _____ in. 2. Spacing _____ #</p> <p>b. Floor (space uniformly) _____ #</p> <hr/> <p>09. Piping <input type="checkbox"/> New <input type="checkbox"/> Existing</p> <p>a. Type Material _____ b. Schedule or S.D.R. no. _____ c. A.S.T.M. no. _____ d. Other _____</p> <p>Note: All pipe shall be clearly labeled.</p>
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