### Ohio Department of Health

#### Public Pool/Spa Data Sheet

Action governed by Ohio Revised Code Chapter 3749

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<tr>
<th>County</th>
<th>Local health district</th>
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<tr>
<th>Project name</th>
<th>Designer</th>
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### 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".

#### 01. Design Geometry

a. Pool/Spa surface area ___________ ft²
b. Deck surface area ___________ ft²
c. Total area ___________ ft²
d. Pool Spa volume ___________ gal

e. Required turnover period
   - Pool-480 min.
   - Wading pool-120min.
   - Spa-30 min.
   - Other ___________ min.

f. Minimum required flow rate (Id / 1e) ___________ gpm
g. Normal operating flow rate ___________ gpm
h. Maximum operating flow rate ___________ gpm

e. Total filter area ___________ sq ft
f. Commercial filter design flow rate ___________ gpm/sf

#### 02. Recirculation Pump

a. Make/Model no. ___________
b. H.P. ___________

c. System total dynamic head (usually 40-60ft.) ___________ ft.
d. Pump capacity (at TDH in 2c) ___________ gpm

e. Hair/Lint strainer
   - Yes
   - No
f. Throttle valve required?
   - Yes
   - No

#### 03. Other Pumps

a. Make/Model no. ___________
b. H.P. ___________

c. System total dynamic head (usually 40-60ft.) ___________ ft.
d. Pump capacity (at TDH in 3c) ___________ gpm

e. Throttle valve required?
   - Yes
   - No

#### 04. Filtration

a. Filter type
   - Sand
   - D.E.
   - Cartridge
   - Pressure
   - Vacuum

b. Make/Model no. ___________
c. Number Elements ___________ Filters ___________
d. Area of each Element ___________ Filters ___________

e. Total filter area ___________ sf

#### 05. Main Drain

a. Anti-Vortex grates
   - Yes
   - 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

#### 06. Other Suction Drains

a. Anti-Vortex grates
   - Yes
   - 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 ___________ gpm

#### 07. Overflow

a. Skimmers
   - Yes
   - No
b. Number ___________
c. Equalizer (equalizer valve required)
   - a) Depth below operating level ___________ in.

#### 08. Return Inlets

a. Wall
   - Yes
   - No
b. Integral gutter
   - Yes
   - No

c. Spacing ___________ #

#### 09. Piping

a. Type Material ___________

Note: All pipe shall be clearly labeled.
I certify the above information has been approved by the owner and is a true representation of the facts and the project as it is to be constructed.

Designer

Phone ( )

Contact Environmental Engineering for any questions concerning this form.

Ohio Department of Health, Bureau of Environmental Health, 246 North High Street, Columbus, Ohio 43215-2412, (614) 466-1390

Projects submitted without this form are incomplete and will not be reviewed.