Placer County
Health and Human Services Department

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Health Officer and Director

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Director of Environmental Health,
Public Health and Animal Services

Pool Contractor: Complete & Attach This Form To Your Plans

Pool/Spa Data Sheet

OWNER: _____

POOL CONTRACTOR: _____

POOL LOCATION: _____

Pool Size _____ Pool Surface Area _____Pool Volume _____

Pool Depth _____ to _____ Average _____ **(Include detailed calculation)**

Hydrostatic Valve: ❒ yes ❒ no

Type of Pool: Standard ❒ Spa ❒ Special Use ❒ Wading ❒ Other ❒

CONSTRUCTION DATA:

1. Coping: Bullnose _____ Other _____
2. Permanent Markings: Submit tile samples. Depth Marking Line. Contrasting material at edges of steps & benches.
3. Skimmers: Number: _____ Make _____ Model _____
4. Filters: Number: _____ Make _____ Model _____ Type_____ Size (Sq.ft.) _____
5. Pump: Number: _____ Make _____ Model _____ H.P. _____; _____GPM at_____ feet of Head. Hair & Lint Catcher: ❒ yes ❒ no
6. Rate of Flow Indicator: Make _____ Model _____
7. Multiport Valve: ❒ yes ❒ no Make _____ Model _____
8. (a) Separation Tank ❒ yes ❒ no Make_____ Model_____
   Capacity to _____ square feet of Filter area.
   (b)Air Gap Filter Backwash to Public Server: ❒ yes ❒ no
   (c)Backwash receptacle size _____P-Trap size _____
9. Chlorination or Disinfectant Feeders: Type _____
   Make _____ Model_____ Capacity _____
10. Range of Pressure Gauge: Influent _____ Effluent _____
11. Deck Material _____ Drains: _____
12. Safety Equipment:

Life Hook and Pole	❒	Occupancy sign	❒
Life Ring and Rope	❒	Spa Sign	❒
No Lifeguard Sign	❒	Emergency numbers sign	❒
Respiration Instruction Sign	❒	First Aid Kit	❒
No Diving Sign	❒	Emergency Shut Off Sign	❒
		Test Kit (ph, free chlorine & cyanaric acid)	❒

Signature of Pool Contractor _____ **Date** _____

Community Development and Resource Agency Building, 3091 County Center Drive, Suite 180, Auburn, CA 95603
530.745-2300 ● www.placer.ca.gov ● fax 530.745-2370
Tahoe Office 775 N Lake Blvd, PO Box 1909, Tahoe City CA 96145 (530) 581-6240 FAX: (530) 581-6242

Perspective, Hope, and Opportunity

FOR DEPARTMENT USE ONLY

Estimated Total Pool Volume	Avg. Depth x Area x 7.48 gals.		
Shallow End to Break in Slope	_____	____	_____
Break in Slope to Drain	_____	____	_____
Drain to End of Pool	_____	____	_____
	Total Volume		_____

Estimated Total Spa Volume	Depth x Area x 7.4 gals		
Bench Top to Surface of Water	____	____	_____
Spa Bottom to Bench Top	____	____	_____
		Total Volume	_____

Turnover In Minutes

Standard (360 Min)

Spa (30 Min)

Special Use

Wading (60 min)

Temporary (120 min)

Required Turnover in GPM

GPM =	Total Volume / Turnover in Minutes	Turnover Rate (GPM)	Pump Capacity (GPM)	Filter Capacity (GPM)