



ODH file No. _____

Public Pool/Spa Data Sheet

Action governed by Ohio Revised Code Chapter 3749

Pool Type		Setting / Subtype	Special Feature	Construction Type	
Outdoor <input type="checkbox"/> POOL <input type="checkbox"/> SPA <input type="checkbox"/> SUP	Indoor <input type="checkbox"/> POOL <input type="checkbox"/> SPA <input type="checkbox"/> SUP	<input type="checkbox"/> Wading pool <input type="checkbox"/> School <input type="checkbox"/> Camp <input type="checkbox"/> Hotel/motel <input type="checkbox"/> Other _____	<input type="checkbox"/> Zero Entry <input type="checkbox"/> Govt <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> HOA <input type="checkbox"/> Spray Ground <input type="checkbox"/> MHP	<input type="checkbox"/> Kiddie slide <input type="checkbox"/> Playground slide <input type="checkbox"/> Rec slide <input type="checkbox"/> Water slide <input type="checkbox"/> Fountain <input type="checkbox"/> Other _____	<input type="checkbox"/> New <input type="checkbox"/> Substantial Alteration

County			Local Health District		
Facility Name			Designer		
Street address			Street address		
City	State OH	ZIP	City	State	ZIP
Phone	E-mail		Phone	E-mail	
Owner			Contractor		
Street address			Street address		
City	State	ZIP	City	State	ZIP
Phone	E-mail		Phone	E-mail	

Instructions

- A. Print clearly
- B. Original and four (4) copies required.
- C. Complete all sections to provide full information. For substantial alterations 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</p> <p>b. Deck surface area _____ ft²</p> <p>c. Total area _____ ft²</p> <p>d. Pool/Spa volume _____ gallons</p> <p>e. Required turnover rate (minutes)</p> <p><input type="checkbox"/> Pool-480 min.(8hr) <input type="checkbox"/> Wading pool-120 min.(2hr)</p> <p><input type="checkbox"/> Spa-30 min. <input type="checkbox"/> Other _____ min.</p> <p>f. Minimum required flow rate (1d / 1e) _____ gpm</p> <p>g. Normal operating flow rate _____ gpm</p> <p>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 # _____</p> <p>b. H.P. _____ submit pump curve</p> <p>c. System total dynamic head (usually 40-60ft.) _____ ft.</p> <p>d. Pump capacity (at TDH in 2c) _____ gpm</p> <p>e. Hair/Lint strainer <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. Throttle valve required? <input type="checkbox"/> Yes <input type="checkbox"/> No limit flow to _____ gpm</p> <hr/> <p>03. Other Pumps <input type="checkbox"/> New <input type="checkbox"/> Existing</p> <p>a. Make _____ Model # _____</p> <p>b. H.P. _____ submit pump curve</p> <p>c. System total dynamic head (usually 40-60ft.) _____ ft.</p> <p>d. Pump capacity (at TDH in 3c) _____ gpm</p> <p>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 Pressure or Vacuum? <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum</p> <p>b. Make _____ Model # _____</p> <p>c. Number Elements _____ Filters _____</p> <p>d. Area of each Elements _____ Filters _____</p> <p>e. Total filter area _____ ft²</p> <p>f. Commercial filter design flow rate _____ gpm/ft²</p> <p>g. Maximum allowable filter flow (4e x 4f) _____ gpm</p> <hr/> <p>05. Main Drain (sumps & grates) <input type="checkbox"/> New <input type="checkbox"/> Existing</p> <p>a. Sump(s) Make _____ Model # _____</p> <p>b. Grate(s) Make _____ Model # _____</p> <p>c. Size/Dimension (L x W) _____ in</p> <p>d. Each grate open area _____ in²</p> <p>e. Velocity thru grate at 100% of 02.d _____ fps</p> <p>f. Maximum allowable flowrate _____ gpm</p> <hr/> <p>06. Other Suction Drains <input type="checkbox"/> New <input type="checkbox"/> Existing</p> <p>a. Sump(s) Make _____ Model # _____</p> <p>b. Grate(s) Make _____ Model # _____</p> <p>c. Size/Dimension (L x W) _____ in</p> <p>d. Each grate open area _____ in²</p> <p>e. Velocity thru grate at 100% of 03.d _____ fps</p> <p>f. Maximum allowable flowrate _____ gpm</p>	<p>07. Overflow <input type="checkbox"/> New <input type="checkbox"/> Existing</p> <p>a. Skimmers</p> <p>1. Make _____ Model # _____</p> <p>2. Number of skimmers _____</p> <p>3. Equalizer (equalizer valve required) a.) Depth below operating level _____ in.</p> <p>b. Gutters</p> <p>1. Make _____ Model # _____</p> <p>2. Number of drain/collector boxes _____</p> <p>3. Open area each box _____</p> <p>4. Number of return boxes _____</p> <p>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.</p> <p>2. # of wall returns _____ Spacing _____ ft.</p> <p>b. <input type="checkbox"/> Floor</p> <p>1. # of floor returns _____ (spaced uniformly)</p> <hr/> <p>09. Piping <input type="checkbox"/> New <input type="checkbox"/> Existing</p> <p>a. Type Material _____</p> <p>b. Schedule or S.D.R. # _____</p> <p>c. A.S.T.M. # _____</p> <p>d. Other _____</p> <p>Note: All pipe shall be clearly labeled.</p>
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10. Chemical Feeders New Existing

a. Disinfection feed system(s)

1. Hypochlorite Calcium Sodium

2. Erosion Di/Tri-Chlor Bromine

3. Make _____ Model # _____

4. Dosing rate gpd lbs. per day
 minimum _____ maximum _____

b. Other chemical feed system(s)

1. Reagent _____ concentration _____

2. Make _____ Model # _____

3. Dosing rate gpd lbs. per day
 minimum _____ maximum _____

c. Automatic chemical controller (shall be installed on all new spas)

1. Make _____ Model # _____

2. Provides proportional dosing rate Yes No

3. Reagent feeders disinfection pH

Note: Unit shall measure ORP and operate **only** when there is recirculation flow.

11. Make-Up/Fill Water/Waste Water New Existing

a. Water supply from approved source Yes No

b. Backflow/cross connection protection

1. Fill spout with proper air gap Yes No

2. Hose-bibb w/ASSE backflow prevention valve Yes No

3. Direct connection from supply to recirculation system w/backflow prevention valve Yes No

a.) Make _____ Model # _____

b.) ASSE # _____

Note: Show filter backwash and/or pool drainage discharge line on plans.

12. Monitoring Devices New Existing

a. Flowmeter—Make _____ Model # _____
 Range _____

b. Press/Vac Gauge—Make _____ Model # _____
 Range _____

Note: Monitoring devices shall be correctly sized for the pipe diameter, flow, proper range, and shall be installed / located per manufacturer's specifications.

13. Miscellaneous (check appropriate boxes)

a. Lighting: outdoor pool w/night use indoor pool

1. Water surface with underwater lighting; ≥ 30 fc area lighting
 without underwater lighting; ≥ 50 fc area lighting

Note: underwater lighting ≥ 5 watts/sf (pool surface area)

2. Deck level ≥ 50 fc (required deck area)

b. Pool and/or wading pool fence/barrier

1. Perimeter enclosure ≥ 48 in high

2. Wading pool barrier between pool(s) ≥ 36 in high

3. Four-inch diameter sphere shall not pass through any opening

4. Gates/doors shall be lockable (except wading pool barrier) self-closing, and self-latching

c. Deck markings/warnings signs*

1. Depth markers on deck per code

2. "No Diving" signs on deck per code

3. "Warning, No Lifeguard" signs per code

4. "Swimming alone is not recommended" and "Children must be supervised" signs per code

5. Cautionary sign for spa users posted

6. Sign with location of nearest telephone posted

7. Emergency phone numbers posted

8. Other _____

d. Deck fixtures

1. Diving board(s) New Existing # of boards ____; height ____; length ____ft.
 competitive design standard FINA NCAA USDI NFHS

2. Starting blocks

3. Water slides

4. Steps, ladders, handrails

5. Handicap ramps

6. Life guard chair(s) # _____

7. Other _____

e. Safety—Equipment*

1. First aid kit

2. Emergency telephone available

3. Reach pole(s)

4. Ring buoy(s) with throw line

5. Spine board

6. Rescue tube(s) (one per guard chair)

7. Other _____

*Signs and safety equipment, as applicable, shall be provided prior to the final construction inspection by the Ohio Department of Health.

- Note:**
1. Filters, primary disinfection devices, or skimmers shall be of an approved type. (NSF, ETL or as approved by the Director).
 2. Spa heater must be thermostatically controlled to a maximum of 104°F.
 3. All electrical must conform to Article 680 of the current National Electric Code
 4. All equipment and materials associated with the pool are subject to approval by the Ohio Department of Health.
 5. Ventilation for filter rooms and indoor pools must be adequate to remove excess condensation, prevent fungal growth, and remove noxious odors/gases.
 6. Heat exchangers for boiler coils must be of double wall construction.

14. Remarks

This Data Sheet when approved becomes a binding part of the plans. Individual(s) to be contacted for questions regarding this proposal (please print).

Name	Phone
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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
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Contact Environmental Engineering for any questions concerning this form.
 Ohio Department of Health, Bureau of Environmental Health and Radiation Protection, 246 North High Street, Columbus, Ohio 43215, (614) 644-7527. Projects submitted without an application, payment, and this form are incomplete and will not be reviewed.