



Sonoma County Department of Health Services - Environmental Health Division
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POOL/SPA DATA SHEET

For office use only

Date of App _____
ID# _____ Dist # _____
Permit # _____

Pool Contractors: Complete and attach this form to your plans, one for each pool and/or spa. submit spec sheets for pumps, filters, skimmers, chemical feeders, and separation tanks.

Pool Name _____

Pool Address _____

Owner Name _____ Phone _____

Pool Contractor _____ Phone _____

Type of Pool: Standard Spa Wading Special Use

Pool Size: _____ Depth: _____ ft. to _____ ft.

Estimated Total Pool Volume (Average Depth x Area x 7.48 gallons):

Shallow end to break in slope: _____ x _____ x _____

Break in slope to drain: _____ x _____ x _____

Drain to end of pool: _____ x _____ x _____

Total Volume: _____ Surface Area _____ Pool Occupancy: $\frac{\text{Surface Area}}{20} =$ _____

Estimated Total Spa Volume (Depth x Area x 7.48 gallons):

Bench top to surface of water: _____ x _____ x _____

Spa bottom to bench top: _____ x _____ x _____

Total Volume: _____ Surface Area _____ Spa Occupancy: $\frac{\text{Surface Area}}{10} =$ _____

Coping: Bullnose _____ Other _____

Permanent Markings: Lane and depth marking line, contrasting tile at edges of steps and benches (submit tile samples).

Skimmers: Number _____ Make & Model _____

Filters: Number _____ Make & Model _____

Pump(s): Number _____ Make & Model _____ H.P. _____

_____ GPM at _____ feet of head. Hair & lint catcher: Yes No

Rate of Flow Indicator: Make & Model _____

Multiport Valve: Yes No Make & Model _____

Separation Tank: Yes No Make & Model _____

Air gap backwash to public sewer: Yes No Backwash receptacle size _____ P-trap size _____

Chlorination or disinfectant feeders: Type _____

Make _____ Model _____ Capacity _____

Deck material: _____ Deck drains: Yes No (If yes, indicate these drains on the plans.)

Restrooms/Shower: Yes No (If yes, submit plans.)

Drinking fountain: Yes No

Safety Equipment	Yes	No		Yes	No
Life ring and rope	<input type="checkbox"/>	<input type="checkbox"/>	Illustrated respiration sign	<input type="checkbox"/>	<input type="checkbox"/>
12-ft. pole with body hook	<input type="checkbox"/>	<input type="checkbox"/>	Spa warning sign	<input type="checkbox"/>	<input type="checkbox"/>
No Lifeguard sign	<input type="checkbox"/>	<input type="checkbox"/>	Emergency shut-off and sign	<input type="checkbox"/>	<input type="checkbox"/>
Occupant load sign	<input type="checkbox"/>	<input type="checkbox"/>	No Diving sign	<input type="checkbox"/>	<input type="checkbox"/>
9-1-1 sign	<input type="checkbox"/>	<input type="checkbox"/>	Pool < 6 ft. deep	<input type="checkbox"/>	<input type="checkbox"/>

FOR DEPARTMENT USE ONLY

Required turnover rate in GPM

Total Volume = _____ GPM _____

Turnover in minutes _____ Pump capacity (GPM) _____ Filter capacity (GPM) _____