

RUTHERFORD-POLK-McDOWELL HEALTH DISTRICT

PUBLIC SWIMMING POOL DATA FORM 2009

Please fill out as completely as possible. Fill out a data form for each pool, spa, wading pool, or water feature that is operated. This list is for information purposes; please refer to the .2500 Pool rules for complete details on requirements.

Return form to:

Kevin Rogers Rutherford Polk McDowell Health District Environmental Health Division 221 Callahan Koon Rd Spindale NC 28160

Pool Wading Pool Spa Water Feature: Describe: _____

Name of Facility: _____ Date: _____
Physical Address: _____ City: _____ State: NC Zip: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Facility Phone Number: _____ Emergency Phone Number: _____
Date of Construction: _____ Pool Contractor: _____
Pool Operator: _____ Phone: _____ Training/Number: _____
Water Supply: Private Well Mulit-Connection Private Well Community/Public Well Municipal Water (City)
Wastewater System: On-Site Septic System Municipal Sewer

1. Pool Dimensions: _____ Pool Volume: _____ Bather Load: _____ Max .Depth: _____
Surface Area > 5 ft Deep: _____ Surface Area <5 ft Deep: _____ Min. Depth: _____

2. Pool Structure:

Fiberglass Concrete Gunite Finish Color: _____
 Vinyl Lined Other: Specify: _____ Covered Radius Corners

Number of Main Drains : _____ VGB Compliant: Yes No Verification Documentation Attached: Yes No
Brand: _____ Dimensions: _____ Model: _____ Life Span: _____ Date Installed: _____
Brand: _____ Dimensions: _____ Model: _____ Life Span: _____ Date Installed: _____

Main Drain Sump: Number: _____ Dimensions: _____ Brand: _____ Model: _____ Pipe Diameter: _____
VGB Compliant: Yes No Verification Documentation Attached: Yes No
 Field Built Engineer Verification Documentation Attached: Yes No

Hydrostatic Relief Valve: Number: _____ Brand: _____ Model: _____ Location: _____

Number of Returns / Inlets: Wall: _____ Floor: _____ Size of Pipe: _____ Fittings in Place: Yes No

Skimmers: Number: _____ Brand: _____ Model: _____ Size of Pipe: _____
Skimmer Complete: Yes No All parts in place in good repair.
Equalizer Line: Plugged Compliant Cover
VGB Compliant: Yes No Verification Documentation Attached: Yes No

Vacuum Line: Yes No Fitting in Place: Yes No Cover in Place: Yes No

Overflow Gutters: Number of Outlet Drains: _____

Number of : Step Sets: _____ Location: _____
Ladders: _____ Location: _____

Hand Rail and Ladder Anchors: Secure Electrically Grounded

Zero Degree Entry Area: Yes No

3. Pool Water Fill: Auto Fill Approved Backflow Preventer Brand: _____ Model: _____
 Fill Spout Spout Diameter: _____ Location of Spout: _____
 Other; Describe: _____

4. Deck: Type: _____ Finish: _____ Width: _____
Slope: _____ Deck Drains: Yes No Outside Rinse Shower: Yes No

5. Diving Board: Length: _____ Height above Water: _____
Diving Platforms: Number: _____ Height above Water: _____

6. Safety Equipment and Depth Markings:

____ Under Water Lighting _____ Deck Lighting _____ 3/4" Floating Lifeline _____ First Aid Kit
____ Ring Buoy with Rope _____ Shepherd's Crook /Body Hook _____ Lifeguards with Rescue Tubes Used
____ Max. 15 Min. Spa Timer _____ Emergency Telephone _____ No Diving Markers on Deck
____ 4 in Depth Markings on Deck and Inside Pool Wall _____ All Required Signs Properly Sized and Worded

SVRS System: Vac-Alert Model: _____ Date Installed: _____
Stingl Switch Model: _____ Date Installed: _____
Hayward Stratum Model: _____ Date Installed: _____

7. Equipment Room:

____ Weatherproof _____ Cross- Ventilated _____ Mechanical Ventilation _____ Ceiling Height
____ Floor Drain _____ Floor Sloped to Drain _____ Lighted _____ Locking Door _____ Dimensions

8. Chemical Storage:

____ Dry _____ Off of Floor _____ Cross Ventilated _____ Mechanical Ventilation _____ Ceiling Height _____ Dimensions

9. Circulation Pump(s): 1. Brand: _____ Model: _____ Horsepower: _____ GPM: _____
2. Brand: _____ Model: _____ Horsepower: _____ GPM: _____

Feature 1 Pump(s): 1. Brand: _____ Model: _____ Horsepower: _____ GPM: _____
2. Brand: _____ Model: _____ Horsepower: _____ GPM: _____

Feature 2 Pump(s): 1. Brand: _____ Model: _____ Horsepower: _____ GPM: _____
2. Brand: _____ Model: _____ Horsepower: _____ GPM: _____

Spa 1 Therapy Pump: 1. Brand: _____ Model: _____ Horsepower: _____ GPM: _____
2. Brand: _____ Model: _____ Horsepower: _____ GPM: _____

Spa 2 Therapy Pump: 1. Brand: _____ Model: _____ Horsepower: _____ GPM: _____
2. Brand: _____ Model: _____ Horsepower: _____ GPM: _____

Spare Basket Available (for each)

10. Filter:

1. Sand Cartridge Diatomaceous Earth Turnover Rate: _____
Brand: _____ Model: _____ Circulation Rate (GPM): _____ Backwash Rate (GPM): _____
Pressure Gauge Sight Glass Flow Meter Air Relief Valve Water Heater
Backwash Discharges to: _____
Air Gap at backwash Discharge Point: Yes No

2. Sand Cartridge Diatomaceous Earth Turnover Rate: _____
Brand: _____ Model: _____ Circulation Rate (GPM): _____ Backwash Rate (GPM): _____
Pressure Gauge Sight Glass Flow Meter Air Relief Valve Water Heater
Backwash Discharges to: _____
Air Gap at backwash Discharge Point: Yes No

3. Sand Cartridge Diatomaceous Earth Turnover Rate: _____
Brand: _____ Model: _____ Circulation Rate (GPM): _____ Backwash Rate (GPM): _____
Pressure Gauge Sight Glass Flow Meter Air Relief Valve Water Heater
Backwash Discharges to: _____
Air Gap at backwash Discharge Point: Yes N

11. Chemical Feed:

Type: _____ Brand: _____ Model: _____

Type: _____ Brand: _____ Model: _____

Type: _____ Brand: _____ Model: _____

12. Bathhouse/Rest Room:

Womens Room: # Toilets: _____ # Lavatories: _____ # Showers: _____ Non-Skid Floor Finish Floor Drain
 Hose Bib in room or within 50' of room Shatterproof Mirror Warm Water Available
Stall Partition Construction Material: _____

Mens Room: # Toilets: _____ # Lavatories: _____ # Urinals: _____ # Showers: _____ Non-Skid Floor Finish Floor Drain
 Hose Bib in room or within 50' of room Shatterproof Mirror Warm Water Available
Stall Partition Construction Material: _____

FACILITY DIAGRAM

Please show the facility and location of your drains, skimmers, inlets/returns, vacuum fitting, ladders, stairs, equipment and chemical room, bathroom, backwash discharge, emergency phone, hose bibs, and other pertinent structures/features. Copy of as built construction plan is acceptable. Use additional pages if needed.

