



**RHODE ISLAND DEPARTMENT OF HEALTH
OFFICE OF DRINKING WATER QUALITY**

SWIMMING POOL DATA FORM

Name of Establishment: _____

Street Address: _____ City: _____

Contact Person: _____ Phone: _____

Use: Swimming _____ Wading _____ Therapy _____ Other _____

Pool Dimensions: _____

Minimum depth: _____ ft. Maximum depth: _____ ft.

Slope of bottom (depth < 5ft): _____ (depth > 5ft): _____

Water Surface Area: _____ sq. ft.

of Inlets: _____ # of Main Drains: _____ # of Skimmers: _____

Max. Allowable Bathers: _____

Perimeter Length: _____ # of Ladders/Stairs: _____

RECIRCULATION SYSTEM:

Pool Volume: _____ gallons

Recirculation Rate required for an 8 hour (pool) or 30 minute (spa) turnover: _____ gpm

Recommended Recirculation Rate: _____ gpm

Time for one turnover: _____ hours

Recirculation Pump Rated Capacity: _____ gpm _____ ft. TDH (Total Dynamic Head)

Number of Filters _____ Filter Area: _____ sq. ft. Filtration Rate: _____ gpm/sq.foot

Equipment Specifications:

	<u>Make</u>	<u>Model</u>
Filter:	_____	_____
Pump:	_____	_____
Chlorinator:	_____	_____
Flow Gauge:	_____	_____
Skimmers:	_____	_____
Heater:	_____	_____

DIVING AREA (if applicable):

Height of diving board above maximum water level: _____ ft.

Minimum water depth beneath end of diving board and 12 ft. beyond end: _____ ft.

Minimum height of ceiling above diving board: _____ ft.

Slope of bottom excluding diving well: _____

Height of pool area enclosure: _____ ft.

SANITARY FACILITIES:

Men: Number of showers: _____ Number of toilets/urinals: _____

Women: Number of showers: _____ Number of toilets: _____

Facilities within 300 feet of pool? _____

WATER SUPPLY AND WASTE DISPOSAL:

Source of water for pool: _____

Source of water for consumption: _____

Toilet and shower wastes discharged to: _____

Filter backwash water discharged to: _____

Pool drained to: _____

Deck drainage discharged to: _____

Signature of Registered Professional Engineer: _____

Date: _____

Rhode Island Registration Number: _____