Ohio Department of Health

Public Pool/Spa Data Sheet

ODH file no

Type of project			Construction type
Outdoor 1. ☐ Pool 2. ☐ Spa 3. ☐ Wading pool 4. ☐ Diving pool	Indoor 5. ☐ Pool 6. ☐ Spa 7. ☐ Wading pool 8. ☐ Diving pool	Special 9. ☐ Special use pool 10. ☐ Special feature 11. ☐ _____	1. ☐ New 2. ☐ Renovation (See C. of Instructions)

Action governed by
Ohio Revised Code Chapter 3749

County		Local health district	
Project name		Designer	
Street address		Street address	
City	Township	City	Township
ZIP	Phone ( )	ZIP	Phone ( )
Owner		Contractor	
Street address		Street address	
City	Township	City	Township
ZIP	Phone ( )	ZIP	Phone ( )

Instructions

A. Print clearly
B. Original and four (4) copies required.
C. Complete all sections to provide full information. For renovation work 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"

01. Design Geometry

a. Pool/Spa surface area
b. Deck surface area
c. Total area
d. Pool Spa volume
e. Required turnover period
☐ Pool-480 min. ☐ Wading pool-120min.
☐ Spa-30 min. ☐ Other _____min.
f. Minimum required flow rate (Id / 1e)_____gpm
g. Normal operating flow rate _____gpm
h. Maximum operating flow rate_____gpm

02. Recirculation Pump ☐ New ☐ Existing

a. Make/Model no. _____
b. H.P. _____*submit pump curve*
c. System total dynamic head
(usually 40-60ft.) _____ft.
d. Pump capacity (at TDH in 2c) _____gpm
e. Hair/Lint strainer ☐ Yes ☐ No
f. Throttle valve required? ☐ Yes ☐ No
limit flow _____gpm

03. Other Pumps ☐ New ☐ Existing

a. Make/Model no. _____
b. H.P. _____*submit pump curve*
c. System total dynamic head
(usually 40-60ft.) _____ft.
d. Pump capacity (at TDH in 3c) _____gpm
e. Throttle valve required? ☐ Yes ☐ No
limit flow _____gpm

f. Flow measuring device _____
Range _____

Note: Provide vertical loop (12 inch minimum above top of pool) for air blower to prevent shock hazard.

04. Filtration ☐ New ☐ Existing

a. Filter type ☐ Sand ☐ D.E. ☐ Cartridge
☐ Pressure ☐ Vacuum
b. Make/Model no. _____
c. Number Elements _____Filters _____
d. Area of each Elements _____Filters _____
e. Total filter area_____sf
f. Commercial filter design flow rate
_____gpm/sf
g. Maximum allowable filter flow
(4e x 4f) _____gpm

05. Main Drain ☐ New ☐ Existing

a. Anti-Vortex grates ☐ Yes ☐ No
b. Make/Model no._____
c. Size/Dimension _____in
d. Each grate open area _____sq-in
e. Velocity thru grate at 100% of 2d _____fps
f. Maximum allowable flowrate _____gpm

06. Other Suction Drains ☐ New ☐ Existing

a. Anti-Vortex grates ☐ Yes ☐ No
b. Make/Model no._____
c. Size/Dimension _____in
d. Each grate open area _____sq-in
e. Velocity thru grate at 100% of 3d _____fps
f. Maximum allowable flowrate _____

07. Overflow ☐ New ☐ Existing

a. Skimmers
1. Make/Model no. _____
2 Number _____
3. Equalizer *(equalizer valve required)*
a.) Depth below operating level _____in.
b. Gutters
1. Make/Model no._____
2. Number of drain/collector boxes_____
3. Open area each box _____
4. Number of return boxes_____
5. Available surge capacity (gallons)
Surge tank _____
Pool_____
Gutters _____
Total _____

08. Return Inlets ☐ New ☐ Existing

a. ☐ Wall ☐ Integral gutter
1. Depth below operating level _____in.
2. Spacing _____#_____
b. Floor (space uniformly)_____#

09. Piping ☐ New ☐ Existing

a. Type Material _____
b. Schedule or S.D.R. no. _____
c. A.S.T.M. no. _____
d. Other _____

Note: All pipe shall be clearly labeled.

10. Chemical Feeders ☐ New ☐ Existing

a. Disinfection feed system(s)

1. Hypochlorite ☐ Calcium ☐ Sodium
2. Erosion ☐ DiTri-Chloro ☐ Bromine
3. Make/Model no. _____
4. Dosing rate ☐ gpd ☐ lbs. per day
   minimum _____ maximum _____

b. Other chemical feed system(s)

1. Reagent _____ concentration _____
2. Make/Model no. _____
3. Dosing rate ☐ gpd ☐ lbs. per day
   minimum _____ maximum _____

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

1. Make/Model no. _____
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 backfiow prevention valve ☐ Yes ☐ No
3. Direct connection from supply to recirculation system w/backflow prevention valve ☐ Yes ☐ No
   a.) Make/Model no. _____
   b.) ASSE no. _____

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

12. Monitoring Devices ☐ New ☐ Existing

a. Flowmeter—Make/Model no. _____
   Range _____

b. Press/Vac Gauge—Make/Model no. _____
   Range _____

Note: Monitoring devices shall be correctly sized for the pipe diameter, flow, proper range, and shall be installed on straight pipe at least 10 pipe diameter downstream and 5 pipe diameter upstream from any fitting.

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 ≥.5watts/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. Cautionary sign for spa users posted
☐ 5. Sign with location of nearest telephone posted
☐ 6. Emergency phone numbers posted
☐ 7. Other _____

d. Deck fixtures

☐ 1. Diving boards ☐ Competitive ☐ Recreational
standard used for design _____
☐ 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 _____

*Provide signs and safety equipment prior to licensure by local health department.

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
	( )

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
	( )

Contact Environmental Engineering for any questions concerning this form.
Ohio Department of Health, Bureau of Environmental Health, 246 North High Street, Columbus, Ohio 43215-2412, (614) 466-1390
Projects submitted without this form are incomplete and will not be reviewed.