



**Public Health**  
 Environmental Health Services



**PLAN REVIEW PUBLIC POOL AND SPA SPECIFICATION SHEET**

**\*\*Complete ONE form only per body of water\*\***

**THIS SECTION TO BE COMPLETED BY APPLICANT**

**FACILITY INFORMATION**

Facility Name	Date	Phone	
Facility Address	City	State	Zip
Former Facility Name (if applicable)	Year of Pool/Spa Construction:	Program Record ID PR	

**CONTACT INFORMATION**

Contact Person	Phone Number	
Contact Address	City	State Zip
Emails		

**PROJECT INFORMATION**

<input type="checkbox"/> Pool	<input type="checkbox"/> Spa	<input type="checkbox"/> Wading Pool	<input type="checkbox"/> Water Feature
Surface Area (ft <sup>2</sup> )	Capacity (gallons)	Fill Line Size (in.)	Number of Return Inlets
Waste Water Disposal	<input type="checkbox"/> Sewer	<input type="checkbox"/> Other:	Size of Return Line (in.)
Shell <input type="checkbox"/> Gunite	<input type="checkbox"/> Other:	Handholds <input type="checkbox"/> Std Bull Nosed	<input type="checkbox"/> Cantilevered Deck
Pipe Suction Line Sizes	Skimmer (in.)	Bottom Drain (in.)	Spa Jet Suction (in.)
Pipe Material	Number of Skimmers	Equalizer Line <input type="checkbox"/> Yes	<input type="checkbox"/> No

**EQUIPMENT AND COVER SPECIFICATIONS**

Scope of Work			
	Make	Model	Rating / Size
Drain Covers – Recirculation			
Drain Covers – Equalizer Lines			
Drain Covers – Booster Pump			
Skimmers			
Filter			
Chlorinator			lb./day
Separation Tank			
Other Equipment			

**PUMP INFORMATION**

	Horsepower	Make	Model	At 60' TDH
Recirculation	HP			
Spa Jet	HP			
Other	HP			

For Office Use Only For Office Use Only For Office Use Only For Office Use Only For Office Use Only

Fee:	FA Number:	Record ID:	PE Number:
Late Fee: <input type="checkbox"/> Y <input type="checkbox"/> N	Designated Employee:	Received By:	Date:
Check One: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Reactivate	Changes (please specify):		