

# Ohio Department of Health Public Pool/Spa Data Sheet

ODH file no \_\_\_\_\_

Type of project			Construction type
Outdoor 1. <input type="checkbox"/> Pool 2. <input type="checkbox"/> Spa 3. <input type="checkbox"/> Wading pool 4. <input type="checkbox"/> Diving pool	Indoor 5. <input type="checkbox"/> Pool 6. <input type="checkbox"/> Spa 7. <input type="checkbox"/> Wading pool 8. <input type="checkbox"/> Diving pool	Special 9. <input type="checkbox"/> Special use pool 10. <input type="checkbox"/> Special feature 11. <input type="checkbox"/> _____	1. <input type="checkbox"/> New 2. <input type="checkbox"/> 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"

<p><b>01. Design Geometry</b></p> <p>a. Pool/Spa surface area _____</p> <p>b. Deck surface area _____</p> <p>c. Total area _____</p> <p>d. Pool Spa volume _____</p> <p>e. Required turnover period</p> <p><input type="checkbox"/> Pool-480 min.    <input type="checkbox"/> Wading pool-120min.</p> <p><input type="checkbox"/> Spa-30 min.    <input type="checkbox"/> Other _____min.</p> <p>f. Minimum required flow rate (1d / 1e) _____gpm</p> <p>g. Normal operating flow rate _____gpm</p> <p>h. Maximum operating flow rate _____gpm</p> <hr/> <p><b>02. Recirculation Pump</b>    <input type="checkbox"/> New    <input type="checkbox"/> Existing</p> <p>a. Make/Model no. _____</p> <p>b. H.P. _____ <i>submit pump curve</i></p> <p>c. System total dynamic head (usually 40-60ft.) _____ft.</p> <p>d. Pump capacity (at TDH in 2c) _____gpm</p> <p>e. Hair/Lint strainer    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>f. Throttle valve required?    <input type="checkbox"/> Yes    <input type="checkbox"/> No     limit flow _____gpm</p> <hr/> <p><b>03. Other Pumps</b>    <input type="checkbox"/> New    <input type="checkbox"/> Existing</p> <p>a. Make/Model no. _____</p> <p>b. H.P. _____ <i>submit pump curve</i></p> <p>c. System total dynamic head (usually 40-60ft.) _____ft.</p> <p>d. Pump capacity (at TDH in 3c) _____gpm</p> <p>e. Throttle valve required?    <input type="checkbox"/> Yes    <input type="checkbox"/> No     limit flow _____gpm</p>	<p>f. Flow measuring device _____     Range _____</p> <p><b>Note:</b> Provide vertical loop (12 inch minimum above top of pool) for air blower to prevent shock hazard.</p> <hr/> <p><b>04. Filtration</b>    <input type="checkbox"/> New    <input type="checkbox"/> Existing</p> <p>a. Filter type    <input type="checkbox"/> Sand    <input type="checkbox"/> D.E.    <input type="checkbox"/> Cartridge     <input type="checkbox"/> Pressure    <input type="checkbox"/> Vacuum</p> <p>b. Make/Model no. _____</p> <p>c. Number    Elements _____ Filters _____</p> <p>d. Area of each    Elements _____ Filters _____</p> <p>e. Total filter area _____sf</p> <p>f. Commercial filter design flow rate     _____gpm/sf</p> <p>g. Maximum allowable filter flow (4e x 4f) _____gpm</p> <hr/> <p><b>05. Main Drain</b>    <input type="checkbox"/> New    <input type="checkbox"/> Existing</p> <p>a. Anti-Vortex grates    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>b. Make/Model no. _____</p> <p>c. Size/Dimension _____in</p> <p>d. Each grate open area _____sq-in</p> <p>e. Velocity thru grate at 100% of 2d _____fps</p> <p>f. Maximum allowable flowrate _____gpm</p> <hr/> <p><b>06. Other Suction Drains</b>    <input type="checkbox"/> New    <input type="checkbox"/> Existing</p> <p>a. Anti-Vortex grates    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>b. Make/Model no. _____</p> <p>c. Size/Dimension _____in</p> <p>d. Each grate open area _____sq-in</p> <p>e. Velocity thru grate at 100% of 3d _____fps</p> <p>f. Maximum allowable flowrate _____gpm</p>	<p><b>07. Overflow</b>    <input type="checkbox"/> New    <input type="checkbox"/> Existing</p> <p>a. Skimmers</p> <p>1. Make/Model no. _____</p> <p>2. Number _____</p> <p>3. Equalizer (<i>equalizer valve required</i>)     a.) Depth below operating level _____in.</p> <p>b. Gutters</p> <p>1. Make/Model no. _____</p> <p>2. Number of drain/collector boxes _____</p> <p>3. Open area each box _____</p> <p>4. Number of return boxes _____</p> <p>5. Available surge capacity (gallons)     Surge tank _____     Pool _____     Gutters _____     Total _____</p> <hr/> <p><b>08. Return Inlets</b>    <input type="checkbox"/> New    <input type="checkbox"/> Existing</p> <p>a. <input type="checkbox"/> Wall    <input type="checkbox"/> Integral gutter</p> <p>1. Depth below operating level _____in.</p> <p>2. Spacing _____#</p> <p>b. Floor (space uniformly) _____#</p> <hr/> <p><b>09. Piping</b>    <input type="checkbox"/> New    <input type="checkbox"/> Existing</p> <p>a. Type Material _____</p> <p>b. Schedule or S.D.R. no. _____</p> <p>c. A.S.T.M. no. _____</p> <p>d. Other _____</p> <p><b>Note:</b> All pipe shall be clearly labeled.</p>
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<p><b>10. Chemical Feeders</b>                    <input type="checkbox"/> New                    <input type="checkbox"/> Existing</p> <p>a. Disinfection feed system(s)</p> <p>1. Hypochlorite                    <input type="checkbox"/> Calcium                    <input type="checkbox"/> Sodium</p> <p>2. Erosion                    <input type="checkbox"/> DiTri-Chloro                    <input type="checkbox"/> Bromine</p> <p>3. Make/Model no. _____</p> <p>4. Dosing rate                    <input type="checkbox"/> gpd                    <input type="checkbox"/> lbs. per day  minimum _____ maximum _____</p> <p>b. Other chemical feed system(s)</p> <p>1. Reagent _____ concentration _____</p> <p>2. Make/Model no. _____</p> <p>3. Dosing rate                    <input type="checkbox"/> gpd                    <input type="checkbox"/> lbs. per day  minimum _____ maximum _____</p> <p>c. Automatic chemical controller (shall be installed on all new spas)</p> <p>1. Make/Model no. _____</p> <p>2. Provides proportional dosing rate    <input type="checkbox"/> Yes                    <input type="checkbox"/> No</p> <p>3. Reagent feeders                    <input type="checkbox"/> disinfection                    <input type="checkbox"/> ph</p> <p><b>Note:</b> Unit shall measure ORP and operate <b>only</b> when there is recirculation flow.</p> <hr/> <p><b>11. Make-Up/Fill Water/Waste Water</b>    <input type="checkbox"/> New                    <input type="checkbox"/> Existing</p> <p>a. Water supply from approved source    <input type="checkbox"/> Yes                    <input type="checkbox"/> No</p> <p>b. Backflow/cross connection protection</p> <p>1. Fill spout with proper air gap                    <input type="checkbox"/> Yes                    <input type="checkbox"/> No</p> <p>2. Hose bibb w/ASSE backflow prevention valve                    <input type="checkbox"/> Yes                    <input type="checkbox"/> No</p> <p>3. Direct connection from supply to recirculation system w/backflow prevention valve                    <input type="checkbox"/> Yes                    <input type="checkbox"/> No</p> <p>a.) Make/Model no. _____</p> <p>b.) ASSE no. _____</p> <p><b>Note:</b> Show filter backwash and/or <b>pool</b> drainage discharge line on plans.</p> <hr/> <p><b>12. Monitoring Devices</b>                    <input type="checkbox"/> New                    <input type="checkbox"/> Existing</p> <p>a. Flowmeter—Make/Model no. _____  Range _____</p> <p>b. Press/Vac Gauge—Make/Model no. _____  Range _____</p> <p><b>Note:</b> 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.</p>	<p>13. Miscellaneous (check appropriate boxes)</p> <p>a. Lighting:                    <input type="checkbox"/> outdoor pool w/night use    <input type="checkbox"/> indoor pool</p> <p><input type="checkbox"/> 1. Water surface    <input type="checkbox"/> with underwater lighting; ≥ 30 fc area lighting  <input type="checkbox"/> without underwater lighting; ≥ 50 fc area lighting</p> <p><b>Note:</b> underwater lighting ≥.5watts/sf (<b>pool</b> surface area)</p> <p><input type="checkbox"/> 2. Deck level ≥ 50 fc (required deck area)</p> <p>b. Pool and/or wading pool fence/barrier</p> <p><input type="checkbox"/> 1. Perimeter enclosure ≥ 48 in high</p> <p><input type="checkbox"/> 2. Wading pool barrier between pool(s) ≥ 36 in high</p> <p><input type="checkbox"/> 3. Four inch diameter sphere shall not pass through any opening</p> <p><input type="checkbox"/> 4. Gates/doors shall be lockable (except wading pool barrier) self-closing, and self-latching</p> <p>c. Deck markings/warnings signs*</p> <p><input type="checkbox"/> 1. Depth markers on deck per code</p> <p><input type="checkbox"/> 2. "No Diving" signs on deck per. code</p> <p><input type="checkbox"/> 3. "Warning, No Lifeguard" signs per code</p> <p><input type="checkbox"/> 4. Cautionary sign for spa users posted</p> <p><input type="checkbox"/> 5. Sign with location of nearest telephone posted</p> <p><input type="checkbox"/> 6. Emergency phone numbers posted</p> <p><input type="checkbox"/> 7. Other _____</p> <p>d. Deck fixtures</p> <p><input type="checkbox"/> 1. Diving boards                    <input type="checkbox"/> Competitive                    <input type="checkbox"/> Recreational  standard used for design _____</p> <p><input type="checkbox"/> 2. Starting blocks</p> <p><input type="checkbox"/> 3. Water slides</p> <p><input type="checkbox"/> 4. Steps, ladders, handrails</p> <p><input type="checkbox"/> 5. Handicap ramps</p> <p><input type="checkbox"/> 6. Life guard chair(s) # _____</p> <p><input type="checkbox"/> 7. Other _____</p> <p>e. Safety—Equipment*</p> <p><input type="checkbox"/> 1. First aid kit</p> <p><input type="checkbox"/> 2. Emergency telephone available</p> <p><input type="checkbox"/> 3. Reach pole(s)</p> <p><input type="checkbox"/> 4. Ring buoy(s) with throw line</p> <p><input type="checkbox"/> 5. Spine board</p> <p><input type="checkbox"/> 6. Rescue tube(s) (one per guard chair)</p> <p><input type="checkbox"/> 7. Other _____</p> <p>*Provide signs and safety equipment prior to licensure by local health department.</p>
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- 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**

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**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 (       )
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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 (       )
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**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.