



# Aquatic Facility Data Sheet

## Environmental Health Division

### Wichita Falls-Wichita County Public Health District

1700 Third St. | Wichita Falls, TX 76301 | 940-761-7800 | www.health.wichitafallstx.gov

Site No. _____
Date Rcvd _____
Date Scnd _____
For Office Use Only

**Incomplete Data Sheets will NOT be Accepted.**

**If you do not know what something is, then please ask your Inspector. Some items may not apply to your pool/spa.**

Name of Establishment: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ E-Mail (inspections sent to): @ \_\_\_\_\_

Establishment Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

1. Certified Pool Manager Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail (only if inspections should be sent to you): @ \_\_\_\_\_

Certification:  Wichita Falls Pool School  Certified Pool-Spa Operator (C.P.O.)  Other: \_\_\_\_\_

2. Certified Pool Manager Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail (only if inspections should be sent to you): @ \_\_\_\_\_

Certification:  Wichita Falls Pool School  Certified Pool-Spa Operator (C.P.O.)  Other: \_\_\_\_\_

3. Certified Pool Manager Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail (only if inspections should be sent to you): @ \_\_\_\_\_

Certification:  Wichita Falls Pool School  Certified Pool-Spa Operator (C.P.O.)  Other: \_\_\_\_\_

**Directions:** If there are multiple aquatic facilities (2 pools, a pool and a spa, etc.), then a SEPARATE form must be filled out for EACH one.

CONSTRUCTION/DESIGN						
<b>Pool Type:</b> <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Hot Tub/Spa <input type="checkbox"/> Interactive Water Feature <input type="checkbox"/> Other: _____ <input type="checkbox"/> Wading/Kiddie Pool (less than 24 inches in depth)		<b>Pool Class:</b> <input type="checkbox"/> Class A (Competitive Events) <input type="checkbox"/> Class B (Public Recreation/Water Park) <input type="checkbox"/> Class C (All Other Pools)			<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	
<b>Date Pool was Built:</b>	<b>Date Most Recent Remodel/Resurface:</b>		<b>Extent of Remodel:</b>		<b>Water:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	
<b>Pool Shape:</b> <input type="checkbox"/> Rectangle <input type="checkbox"/> Round <input type="checkbox"/> Kidney <input type="checkbox"/> Other: _____		<b>Length:</b> ft	<b>Width:</b> ft	<b>Diameter(Round):</b> ft	<b>Surface Area:</b> ft <sup>2</sup>	<b>Pool Volume:</b> gallons
<b>Depth(Min):</b> ft	<b>Depth(Max):</b> ft	<b>Depth(Avg):</b> ft	<b>Flow rate:</b> GPM	<b>Turnover Rate:</b> hours	<b>Required Turnover:</b> hours	<b>User Capacity:</b> people

EQUIPMENT			
TYPE	MAKE/BRAND	MODEL	CHECK
Pump/Motor			<input type="checkbox"/> NSF 50 <input type="checkbox"/> Capable of providing needed flow rate
Filter			<input type="checkbox"/> NSF/ANSI 50 <input type="checkbox"/> Flow Rating ≥ Flow Rate on meter
Auto-Chemical Feeder Controller			<input type="checkbox"/> NSF 50 <input type="checkbox"/> pH Controller <input type="checkbox"/> Disinfectant Controller
Heater			<input type="checkbox"/> NSF 50 <input type="checkbox"/> 200,000 btu or more registered with TDLR
*Vacuum Safety Device			<input type="checkbox"/> SVRS or APSS <input type="checkbox"/> Installed by Licensed Engineer <input type="checkbox"/> ASME/ANSI A112.19.17 or ASTM F 2387
*UV Treating			<input type="checkbox"/> NSF 50 w/3 log reduction of <i>Cryptosporidium</i> surrogates

\*Vacuum safety devices are required when there is only one main drain and as one of the options for when dual main drains are less than 3 feet apart. UV Treating is for public interactive water features (splash pads, etc.)



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DISINFECTION/CHEMICALS	
<input type="checkbox"/> Chlorine <input type="checkbox"/> Bromine	Chlorine/Bromine Names (as it appears on the container/s): _____ <div style="text-align: right;">EPA #: _____</div>
<input type="checkbox"/> UV Treat <input type="checkbox"/> Ozone <input type="checkbox"/> Other	Secondary Disinfection protocols for Public Interactive Water Features Only: _____ _____ _____
Cyanuric acid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cyanuric acid Chemical: _____
pH Chemical: _____ EPA #: _____	<input type="checkbox"/> Liquid <input type="checkbox"/> Solid <input type="checkbox"/> Other
Alkalinity Chemical: _____ EPA #: _____	<input type="checkbox"/> Liquid <input type="checkbox"/> Solid <input type="checkbox"/> Other
Other Chemical (Name & Use): _____ EPA #: _____	<input type="checkbox"/> Liquid <input type="checkbox"/> Solid <input type="checkbox"/> Other

MAIN DRAINS/OVERFLOW					
<b>Main Drain:</b> <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Other: # ____	<b>Location:</b> <input type="checkbox"/> Floor <input type="checkbox"/> Wall	<b>Drain diagonal opening size:</b> _____ inches	<b>Space between drains:</b> _____ ft	<b>VGBA Compliant:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Spare Cover:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Main Drain Cover Make/Brand and Model:</b> _____					<input type="checkbox"/> ANSI/APSP-16 Compliant
<b>Max Flow Rate:</b> _____ GPM	<b>Life Expectancy:</b> _____ years	<b>Install Date:</b> _____	<b>Expiration Date:</b> _____		
<b>Overflow:</b> <input type="checkbox"/> Skimmer <input type="checkbox"/> Gutter <input type="checkbox"/> Other: _____	<b>Number of Skimmers:</b> _____	<b>Perimeter (Gutter):</b> _____ %	<b>Other:</b> _____		

MISCELLANEOUS			
<b>Deck Fixtures:</b> <input type="checkbox"/> Diving boards/platforms <input type="checkbox"/> Slide <input type="checkbox"/> Climbing Wall/Zip line <input type="checkbox"/> Interactive Water Feature <input type="checkbox"/> ADA Access (chair lift)	<b>Safety Measures:</b> <input type="checkbox"/> Lifeguards and Rescue Tubes with Rope/Strap <input type="checkbox"/> First Aid Kit (OSHA minimum 24-unit) <input type="checkbox"/> Backboard with Head Immobilizer <input type="checkbox"/> Portable AED and BVM <input type="checkbox"/> Shepherd's Hook/Pole and Ring buoy/Rope <input type="checkbox"/> Emergency Phone (within 200ft)	<b>Selective Pools:</b> <input type="checkbox"/> Therapy Pool/Spa <input type="checkbox"/> Wading Pool <input type="checkbox"/> Surf Pool <input type="checkbox"/> Wave Pool <input type="checkbox"/> Leisure River <input type="checkbox"/> Vortex pool <input type="checkbox"/> Vanishing Edge	<b>Other:</b> <input type="checkbox"/> Underwater Lighting <input type="checkbox"/> Area Lighting <input type="checkbox"/> Security Lighting <input type="checkbox"/> Moveable Bottom <input type="checkbox"/> Lockable Gate(s) <input type="checkbox"/> DPD Test Kit

COMMENTS

_____ Pool Manager Print Name	_____ Pool Manager Signature	_____ Date Filled Out
_____ Environmental Health Inspector Signature	_____ Environmental Health Inspector Date	_____ Date of Final Corrections

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