

Return to:

INDIANA DEPARTMENT OF FIRE AND BUILDING SERVICES
PLAN REVIEW DIVISION

OFFICE OF THE STATE BUILDING COMMISSIONER 402 WEST WASHINGTON STREET, RM E245 INDIANAPOLIS, IN 46204

NOTE: This form is to be completed by the submitter.

This form is supplemental to the "Application For Construction Design Release" (State Form 37318).

PROJECT INFORMATION								
Name of project	SBC project number							
Street address		City		County				
		1		,				
Facility use			Pool type					
	— Public swimming pool: —							
l — ·	Spa Class A Class B Class C Class Wading Pool Indoor Outdoor							
☐ Spa Pool								
Other (specify): D								
	BESIGN	ODITEDIA						
	DESIGN	CRITERIA						
Pool surface area (sf)		Pool volume (gal.)		pol volume (cu. ft.)				
Deck surface area (sf)		Required turnover time (hrs.))	Required GPM				
Total surface area (sf)		Actual turnover time (hrs.)						
(,								
	PUMP AND RECIR	CULATION SYSTEM						
Backwash pump (make and model number)		Recirculation pump (make and model number)						
Total dynamic head (ft.)	Total dynamic head (ft.)							
Total ayriaimo rioda (iti)	Total dynamic flead (it.)							
Pump capacity (gpm)		Pump capacity (gpm)						
Listing agency backwash pump	Listing agency recirculating pump							
		'						
Filter (make and model number)								
,		High Rate Sand	_	lair / Lint Catcher				
Number of filters or elements		Rapid Sand		Pressure				
indifiber of filters of elefficials	Cartridge	□ \	/acuum					
	☐ Diatomite							
Surface area per filter or element (sf)		Rate of filtration (gpm / sf)	R	ate of backwash (gpm / sf)				
Total area of filters (sf)	Area of filter required	Listing agency filter	ļ.					
, ,								

ATTACH TECHNICAL LITERATURE FOR PUMP(S)

ATTACH TECHNICAL LITERATURE FOR FILTER(S)

POOL DATA SHEET (Continued) State Form 43038 (R / 6-96)

To be completed by submitter.

FOR OFFICE USE ONLY						
SBC project number						

GAUGES				DISINFECTION		
Pressure Vacuum	Range (GPM)	J 0.1_0	Flowmeter pipe size	Hypochlorite Bromine	Cl ₂ Gas Other	
FEEDERS				Make and model number		
☐ Chemical		Slurry				
Make and model number		Make and mo	del number	Maximum dosing rate (PPM)	Minimum dosing rate (PPM)	
Capacity		Capacity		Injection point		
	INI	ETS		MAIN	OUTLET	
Directional Total number of inlets:		Adjustable	Floor	Grate opening area required (sq. in.)	Grate opening area provided (sq. in.)	
Maximum GPM per inlet		Actual GPM p	per inlet	Velocity through grate (FPS)	Hydrostatic Relief Valve Other	
Maximum discharge piping	velocity (FPS)	Pipe discharg	e size (in. dia.)	Drain pipe area (sq. in.)	Pipe size (inches, diameter)	
	OVE	RFLOW		Flow through main drain (GPM):		
Gutters		Skimn	ners	MAKE-UP WATER		
Make and model number				Public	☐ Private	
Flow through (gutters) (skimmers) (percent)				Size of fill spout	Location	
Equalizer line (gutters) (in. dia.)				☐ Automatic	☐ Manual	
Listing agency (gutters) (skimmers)				☐ Airgap	☐ Backflow Prevention	
	PIF	PING		HEATING		
Materials				☐ Electric ☐ Natural Gas	Solar Other	
ASTM number(s)				Make and model number	BTU / Hr.	
Schedule number				Capacity and location	Maximum water temperature (°F)	
Sump pit with air gap f	or backwash an	d draining of th	e pool (wastewater).			
Project in compliance	with Article 680,	Indiana Electri	c Code (675 IAC 17)			
			MISCEL	LANEOUS		
☐ Diving Boards, Plat			Ground Fault	Interrupter	Underwater Lighting	
Fence, Lockable Ga	ate(s)		Ladders		Area Lighting	
	Lifeguard Chair(s)		12 feet minimum)	Safety Rope		
☐ Gas Mask ☐ Ring Buoy				W.L. 000.5	First Aid Kit	
Lifeguards Telephone (with			☐ Telephone (w	ithin 300 feet)	Spine Board	
☐ DPD Test Kit						
			COM	IMENTS		