



**CHANGE OF OWNERSHIP/REMODEL CHECKLIST POOL REVIEW
EXISTING EQUIPMENT CHECKLIST**

-ONE FORM PER EACH BODY OF WATER-

PERMIT NUMBER: (FOR OFFICE USE ONLY)

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NAME OF ESTABLISHMENT:

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ADDRESS:

# & STREET:	CITY:	ZIP CODE:
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PLEASE CHECK ONE OF THE FOLLOWING:

<input type="checkbox"/> CHANGE OF OWNERSHIP	<input type="checkbox"/> REMODEL
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GAUGES: REQUIRED (CHECKLIST)

<input type="checkbox"/> VACUUM GAUGES READING:	<input type="checkbox"/> PRESSURE GAUGES READING:	<input type="checkbox"/> FLOW METER READING:
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PUMP: (PLEASE COMPLETE ALL FIELDS)

PUMP 1	BRAND:	MODEL #:	HP:
PUMP 2	BRAND:	MODEL #:	HP:
PUMP 3	BRAND:	MODEL #:	HP:

MOTOR: (PLEASE COMPLETE ALL FIELDS)

MOTOR 1	BRAND:	MODEL #:	HP:
MOTOR 2	BRAND:	MODEL #:	HP:
MOTOR 3	BRAND:	MODEL#	HP:

FILTER: (PLEASE COMPLETE ALL FIELDS)

CHECK ONE: <input type="checkbox"/> SAND AIR GAP AT DRAIN LINE: Y / N	<input type="checkbox"/> DE SEPARATION TANK: Y / N SUMP PIT: Y / N	<input type="checkbox"/> CARTRIDGE AIR GAP AT DRAIN LINE: Y / N
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FILTER 1	BRAND:	MODEL #:	SQ FT:
FILTER 2	BRAND:	MODEL #:	SQ FT:
FILTER 3	BRAND:	MODEL #:	SQ FT:

VALVES: (PLEASE COMPLETE ALL FIELDS)

CHECK ONE:			
<input type="checkbox"/> BUTTERFLY	<input type="checkbox"/> GATE	<input type="checkbox"/> BALL	<input type="checkbox"/> MULTI
BRAND:		MODEL#	QUANTITY:

FEEDER: (PLEASE COMPLETE ALL FIELDS)

➤ **DISINFECTANT BEING USED; CHECK ALL THAT APPLY:**

<input type="checkbox"/> BROMINE	<input type="checkbox"/> TRICHLOR	<input type="checkbox"/> DICHLOR	<input type="checkbox"/> SODIUM HYPOCHLORIDE
<input type="checkbox"/> CHL GEN (SALT)	<input type="checkbox"/> CAL HYPO	<input type="checkbox"/> OZONE	

➤ **TYPE; CHECK ONE:**

<input type="checkbox"/> EROSION	<input type="checkbox"/> ADJ RATE (PUMP)	<input type="checkbox"/> OTHER:	
BRAND:	MODEL #:	QUANTITY:	CONTROLLER: Y / N

HEATER: (PLEASE COMPLETE ALL FIELDS)

BRAND:	MODEL:	BTU:
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FILL: (CHECKLIST)

<input type="checkbox"/> FILL SPOUT	<input type="checkbox"/> AUTO FILL	<input type="checkbox"/> SURGE RECEPTOR	<input type="checkbox"/> SURGE TANK	<input type="checkbox"/> AIR GAP
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PUMP ROOM CONTACT:

SERVICE COMPANY:	PHONE #:	TECH/OP#:
GATE CODES:	PUMP ROOM CONTACT:	

HOURS OF OPERATION:

BODY OF WATER HOURS:	<input type="checkbox"/> YEAR ROUND	<input type="checkbox"/> SEASONAL
OPEN: CLOSE:		
IS THERE AN ONSITE MANGER? Y / N	IF YES, OFFICE HOURS:	
	OPEN:	CLOSE:

LIGHTING:

<input type="checkbox"/> AREA LIGHTING	<input type="checkbox"/> UNDERWATER LIGHTING
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