

FA:  
PR:  
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DATE:

## **PUMP FLOW DATA SHEET**

Use ONE form for each variable speed pump installation.

Pool Site Name: \_\_\_\_\_ ☐ Pool ☐ Spa ☐ \_\_\_\_\_

Pool Site Address: \_\_\_\_\_

Pool Site Owner Name: \_\_\_\_\_

During open pool hours, the minimum required flow rate must be maintained:

Minimum Required Flow Rate: \_\_\_\_\_ GPM

### Pump Programmed Settings:

Maximum Flow Rate: \_\_\_\_\_ GPM (Do not exceed max. drain cover(s) flow rating or pipe GPM capacities)

PROGRAMMED OPERATIONAL HOURS		SPEED (RPM)	FLOW RATE (GPM)
1			
2			
3			
4			

This pump is required to be password protected and access limited to authorized persons. Do not adjust the speed settings without approval from the Department of Public Health, Environmental Health (EH) Division (559) 600-3357. Installation must be in accordance with the manufacturer's written instructions.

Fax a signed copy of this sheet to EH at (559) 600-7629 and post in the equipment room.

Pump (Make / Model): \_\_\_\_\_

Installation Date: \_\_\_\_\_

Pool Contractor Company Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Pool Contractor Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

**\*\*\* EQUIPMENT ROOM COPY \*\*\***