FULTON COUNTY
BOARD OF HEALTH

Public Swimming Pool Change of Ownership Equipment Verification

Pool or Spa Name_____ Date _____

Pool or Spa Address_____

Certified Pool Operator: _____ Certification Expiration: _____

GENERAL PHYSICAL CHARACTERISTICS

Shape_____ Perimeter: Width_____ ft. Length_____ ft.

Min. Depth _____ Break Depth_____ Max. Depth _____

Surface Area = _____ Sq. ft. Volume = _____ gallons

Pool Material (circle one): Gunite Poured Other: _____

Design Flow Rate: _____ GPM

Turnover Rate: _____ hours

EQUIPMENT/FLOW INFORMATION:

Flow Meter: Make_____ Model _____

Number of Skimmers: _____ Model/Type: _____ GPM Rating: _____

Main Drain Covers Model/Type: _____ GPM Rating: _____

Covers meet APSP-16 Standard? Yes No

Pump Selection:

Number of pumps: _____ (If more than one, provide information for all)

Make _____ Model _____ Specification: _____HP

Filter Selection:

Filter area required: _____ Number of Filters: _____

Filter Type: _____ Filter Size: _____

Chemical Feeder Selection:

Make _____ Model _____

I certify to the best of my knowledge that the information provided on this form is true and correct.

Printed Name: _____ Date: _____

Signature: _____ CPO Certification #: _____

06/2021