



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

Facility # _____
Date Received _____
Date Scanned _____
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						
Pool Type: <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)			Pool Class: <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	
Date Pool was Built:		Date Most Recent Remodel/Resurface:		Extent of Remodel:		Water: <input type="checkbox"/> Public <input type="checkbox"/> Private
Pool Shape: <input type="checkbox"/> Rectangle <input type="checkbox"/> Round <input type="checkbox"/> Kidney <input type="checkbox"/> Other: _____		Length: ft	Width: ft	Diameter(Round): ft	Surface Area: ft ²	Pool Volume: gallons
Depth(Min): ft	Depth(Max): ft	Depth(Avg): ft	Flow rate: GPM	Turnover Rate: hours	Required Turnover: hours	User Capacity: 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): _____ EPA #: _____
<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					
Main Drain: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Other: # _____	Location: <input type="checkbox"/> Floor <input type="checkbox"/> Wall	Drain diagonal opening size: _____ inches	Space between drains: _____ ft	VGBA Compliant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Spare Cover: <input type="checkbox"/> Yes <input type="checkbox"/> No
Main Drain Cover Make/Brand and Model: _____					<input type="checkbox"/> ANSI/APSP-16 Compliant
Max Flow Rate: _____ GPM	Life Expectancy: _____ years	Install Date: _____	Expiration Date: _____		
Overflow: <input type="checkbox"/> Skimmer <input type="checkbox"/> Gutter <input type="checkbox"/> Other: _____	Number of Skimmers: _____	Perimeter (Gutter): _____ %	Other: _____		

MISCELLANEOUS			
Deck Fixtures: <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)	Safety Measures: <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)	Selective Pools: <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	Other: <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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UV Treating is for public interactive water features (splash pads, etc.)