

Commercial Pool and Spa Sonoma County

POOL PUMP OPERATIONAL TIME AND SPEED SETTINGS (FLOW DATA SHEET)

NOTE: Use one form for each piece of equipment.

Facility: _____

Facility Name: _____

Facility Address: _____, City: _____

Owners Name: _____

Equipment type: VFD _____, Complete Pump _____, Motor/Controller _____

Brand of equipment: _____, Model of equipment: _____

Vessel gallons is: _____ 6 hour turn-over flow rate is: _____ GPM

During "Pool Open" operational hours, set the RPM or % Flow to maintain the flow rate between
_____ **GPM** and _____ **GPM**.

"Pool Open" Programmed Operational hours	Speed Setting RPM	Speed Setting % Flow	Flow rate GPM
(M-F)			
(Sat)			
(Sun)			
Other			
Other			

Company Name: _____ Pool Contractor _____ Yes _____ No

Phone # _____ License # _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

Submit a signed copy of this form to:

County of Sonoma Department of Health Services
Public Health Division
Environmental Health
F: (707) 565-6525
eh@sonoma-county.org

A copy of this sheet must be laminated & posted in equipment room.