



Building Department
 Director Tim Wood

52700 Van Dyke Ave.
 Shelby Township, MI 48318-3572
 Phone: 586-731-5969
 Fax: 586-803-2099
 email: building@shelbytp.org

Pool Hydraulic Worksheet

Project Address: _____

Provide a cut sheet on the pump and complete the following information for each pump system serving the pool:

	FILTRATION SYSTEM <input type="checkbox"/> N/A	SPA JET PUMP <input type="checkbox"/> N/A	WATER FEATURE #1 <input type="checkbox"/> N/A	WATER FEATURE #2 <input type="checkbox"/> N/A
PUMP MODEL #:				
PIPE SIZE: (DIAMETER)				
FLOW RATE: (MAX G.P.M.)				
VELOCITY: (F.P.S)				
COVER RATING: (G.P.M.)				
Suction outlets (i.e. floor drains, etc.) shall have a minimum of 3 foot separation.				

Contractor Signature: _____