

For Office Use Only Application # 1907-76 Date Received 7-19-19 By MG Permit # 38511
 Zoning Official JWA Date 7-19-19 Flood Zone X Land Use Ag Zoning A-3
 FEMA Map # _____ Elevation _____ MFE N/A River _____ Plans Examiner TC Date 7-19-19
 Comments 37747 SFD Permit
 NOC EH Deed or PA Site Plan 911 Sheet (If NO Address Exists) Owner Builder Disclosure Statement
 Dev Permit # _____ In Floodway Letter of Auth. from Contractor F W Comp. letter
 Land Owner Affidavit Ellisville Water App Fee Paid Sub VF Form

Notes:

Septic Permit No. 19-0080 Or City Water System _____ Fax _____

Applicant (Who will sign/pickup the permit) RICK JOHNSON Phone 352 332 7665

Address 3601 NW 97 BLVD CNV FL 32606

Owners Name Peter Gueberg Phone 386-365-1179

911 Address 760 HOLLY TER LAKE CITY FL 32025

Contractors Name MIKE CANTO - FUNSTATE POOLS Phone 352 332 7665

Address 3601 NW 97 BLVD CNV FL 32606

Contractor Email MIKE@FUNSTATEPOOLSINC.COM ***Include to get updates on this job.

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address KIMES ENG. 3990 SR LANE BLADENW FL 32406

Mortgage Lenders Name & Address _____

Circle the correct power company - FL Power & Light - Clay Elec - Suwannee Valley Elec. - Duke Energy

Property ID Number 21-45-17-08631-105 Cost of Construction \$50,000.00

Subdivision Name Creek Run Plantation Lot 5 Block _____ Unit _____ Phase _____

Driving Directions S 441, E ONTO 252, RETURN ONTO HOLLY TERRACE, HOME IN CUL-DE-SAC AT END

Residential X OR Commercial _____

Construction of IN GROUND CONCRETE POOL/SPA ADA Compliant _____ Total Acreage 7.16

Actual Distance of Pool from Property Lines - Front 150' Side 190' Side 200' Rear 335'

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction.

CODE: Florida Building Code 2014 and the 2011 National Electrical Code.

37747 SFD not CO'd yet

Ut-Spoke to Rick 8-6-19

Columbia County Building Permit Application

TIME LIMITATIONS OF APPLICATION : An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless a permit has been issued.

TIME LIMITATIONS OF PERMITS: Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time work is commenced. A valid permit receives an approved inspection every 180 days. Work shall be considered not suspended, abandoned or invalid when the permit has received an approved inspection within 180 days of the previous approved inspection.

FLORIDA'S CONSTRUCTION LIEN LAW: Protect Yourself and Your Investment: According to Florida Law, those who work on your property or provide materials, and are not paid-in-full, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects to make other legally required payments, the people who are owed money may look to your property for payment, even if you have paid your contractor in full. This means if a lien is filed against your property, it could be sold against your will to pay for labor, materials or other services which your contractor may have failed to pay.

NOTICE OF RESPONSIBILITY TO CONTRACTOR AND AGENT: YOU ARE HEREBY NOTIFIED as the recipient of a building permit from Columbia County, Florida, you will be held responsible to the County for any damage to sidewalks and/or road curbs and gutters, concrete features and structures, together with damage to drainage facilities, removal of sod, major changes to lot grades that result in ponding of water, or other damage to roadway and other public infrastructure facilities caused by you or your contractor, subcontractors, agents or representatives in the construction and/or improvement of the building and lot for which this permit is issued. No certificate of occupancy will be issued until all corrective work to these public infrastructures and facilities has been corrected.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNERS CERTIFICATION: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

NOTICE TO OWNER: There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. You must verify if your property is encumbered by any restrictions or face possible litigation and or fines.

PETER GIERELG

[Handwritten Signature]

****Property owners must sign here before any permit will be issued.**

Print Owners Name

Owners Signature

****If this is an Owner Builder Permit Application then, ONLY the owner can sign the building permit when it is issued.**

CONTRACTORS AFFIDAVIT: By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.

[Handwritten Signature]

Contractor's Signature

Contractor's License Number CPL1457306
Columbia County
Competency Card Number 961 ✓

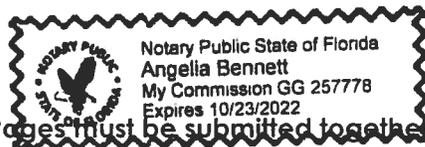
Affirmed under penalty of perjury to by the Contractor and subscribed before me this 25 day of June 2019.

Personally known or Produced Identification

[Handwritten Signature]

SEAL:

State of Florida Notary Signature (For the Contractor)



NOTICE OF COMMENCEMENT

Inst: 201912016723 Date: 07/19/2019 Time: 12:01PM
Page 1 of 1 B: 1389 P: 883, P.DeWitt Cason, Clerk of Court Colum
County, By: BD
Deputy Clerk

This Instrument Prepared By:
Name: Fun State Pools, Inc.
Address: 3601 NW 97 Blvd G'ville FL 32606
Permit No: _____
Tax Folio No: 21-48-17-08631-105
STATE OF: Florida
COUNTY COLUMBIA

THE UNDERSIGNED HEREBY gives notice that improvement(s) will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. DESCRIPTION OF PROPERTY: Street Address 760 SE HOLLY TER LAKE CITY FL
Legal Description: LENGTHY TP # 21-48-17-08631-105
2. GENERAL DESCRIPTION OF IMPROVEMENT(S): IN GROUND CONCRETE POOL/SPA

3. OWNER INFORMATION: a.) Name: PETER S HOLY GIEBEIG Address: 760 SE HOLLY TER LAKE CITY FL
b.) Interest in Property: Fee Simple
c.) Fee Simple Titleholder (if other than owner) Name: _____ Address: _____

4. CONTRACTOR: a.) Name: Fun State Pools, Inc Address: 3601 NW 97 Blvd G'ville 32606 b.) Phone: 352-332-7665

5. SURETY: a.) Name: N/A Address: N/A
b.) Amount of bond \$: N/A c.) Phone: N/A

6. LENDER: a.) Name: N/A Address: N/A b.) Phone: N/A

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a) 7., Florida Statutes:

a.) Name: N/A Address: N/A b.) Phone: N/A

8. In addition to himself, Owner designates the following person(s) to receive a copy of Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

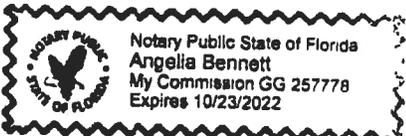
a.) Name: N/A Address: N/A b.) Phone: N/A

9. Expiration date of notice of commencement (the expiration date is one (1) year from the date of recording unless a different date is specified.) N/A

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

[Signature]
Signature of Owner or Owner's Authorized Officer/Director
Partner/Manager
Signatory's Title/Office _____

The foregoing instrument was acknowledged before me this 15 day of February (year) _____
by Peter Giebig (name of person) as _____ (type of authority, e.g. officer,
trustee, attorney in fact) for FL Drivers G12-69670-257-0 (name of party on behalf of whom instrument was executed)



[Signature]
Signature of Notary Public - State of Florida
Print, Type, or Stamp Commissioned Name of Notary Public
Commission Number: _____
Personally Known _____ or Produced Identification _____

Verification Pursuant to Section 92.525, Florida Statutes

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

[Signature]
Signature of Natural Person Signing Above

Columbia County Property Appraiser
 Jeff Hampton

2018 Tax Roll Year

updated: 6/25/2019

Parcel: << 21-4S-17-08631-105 >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Result: 16 of 16

Owner	GIEBEIG PETER W JR & HOLLY L 194 SW VAN COURT LAKE CITY, FL 32024		
Site	760 HOLLY TER, LAKE CITY		
Description*	LOT 5 CREEK RUN PLANTATION S/D WD 1155-1071.		
Area	7.16 AC	S/T/R	21-4S-17
Use Code**	VACANT (000000)	Tax District	2

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

2018 Certified Values		2019 Working Values	
Mkt Land (1)	\$38,500	Mkt Land (1)	\$38,500
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (0)	\$0	Building (0)	\$0
XFOB (0)	\$0	XFOB (0)	\$0
Just	\$38,500	Just	\$38,500
Class	\$0	Class	\$0
Appraised	\$38,500	Appraised	\$38,500
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$38,500	Assessed	\$38,500
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$38,500 city:\$38,500 other:\$38,500 school:\$38,500	Total Taxable	county:\$38,500 city:\$38,500 other:\$38,500 school:\$38,500



▼ Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
7/25/2008	\$115,000	1155/1071	WD	V	U	01

▼ Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
NONE						

▼ Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

▼ Land Breakdown



COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave., Suite B-21, Lake City, FL 32055

Office: 386-758-1008

Fax: 386-758-2160

www.columbiacountyfla.com/BuildingandZoning.asp

NOTICE TO SWIMMING POOL OWNERS

I PETER GIEBELG have been informed and I understand that prior to the final inspection approval and use of my pool, I will need all the inspections approved and the required fencing installed in accordance with applicable regulations. The Florida Building Code requires private residential swimming pools, hot tubs, or non-portable spas containing water over 24 inches deep to meet the following pool barrier safety feature requirements:

- The pool access must be isolated by a barrier at least 4 feet high and installed around the perimeter of the pool.
Unless the pool is equipped with a safety cover complying with the specifications of American Society for Testing and Materials standard F-1346-91.
- The barrier shall not have any gaps or openings which would allow a child to crawl under, squeeze through or climb over and must be placed no less than 20 inches from the water's edge.
- Gates located in the pool barrier must open outward away from the pool and be both self-closing and self latching, with a release mechanism not less than 54" above the standing surface at the gate.
- The barrier must be separate from any other fence, wall, or other enclosure surrounding the yard unless the fence, wall or other enclosure or portion thereof is situated on the perimeter of the pool and meets the pool barrier requirements.
- Where a wall of a dwelling serves as part of the barrier **one** of the following shall apply:
 - 1) All doors and first floor windows with a sill height of less than 48 inches providing direct access from the home to the pool must be equipped with an alarm that has a minimum sound pressure rating of 85 decibels at 10 feet. The alarm shall sound immediately upon opening the window or door unless the temporary bypass mechanism is activated.
 - 2) **Or;** all doors providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with a release mechanism located at least 54 inches above the floor.

According to Florida statutes chapter 515: Residential Swimming Pool Safety Act, failure to comply with these requirements is a misdemeanor of the second degree, punishable by imprisonment for up to 60 days or a fine of up to \$500, except that no penalty shall be imposed if within 45 days after arrest or issuance of a summons or notice to appear, the pool is equipped with the aforementioned safety features and the responsible person attends a drowning prevention education program developed by the Florida Department of Health. I also understand that there are several inspections required in addition to a final inspection for my swimming pool.

Peter Giebelg

2/15/19

Owner Signature / Date

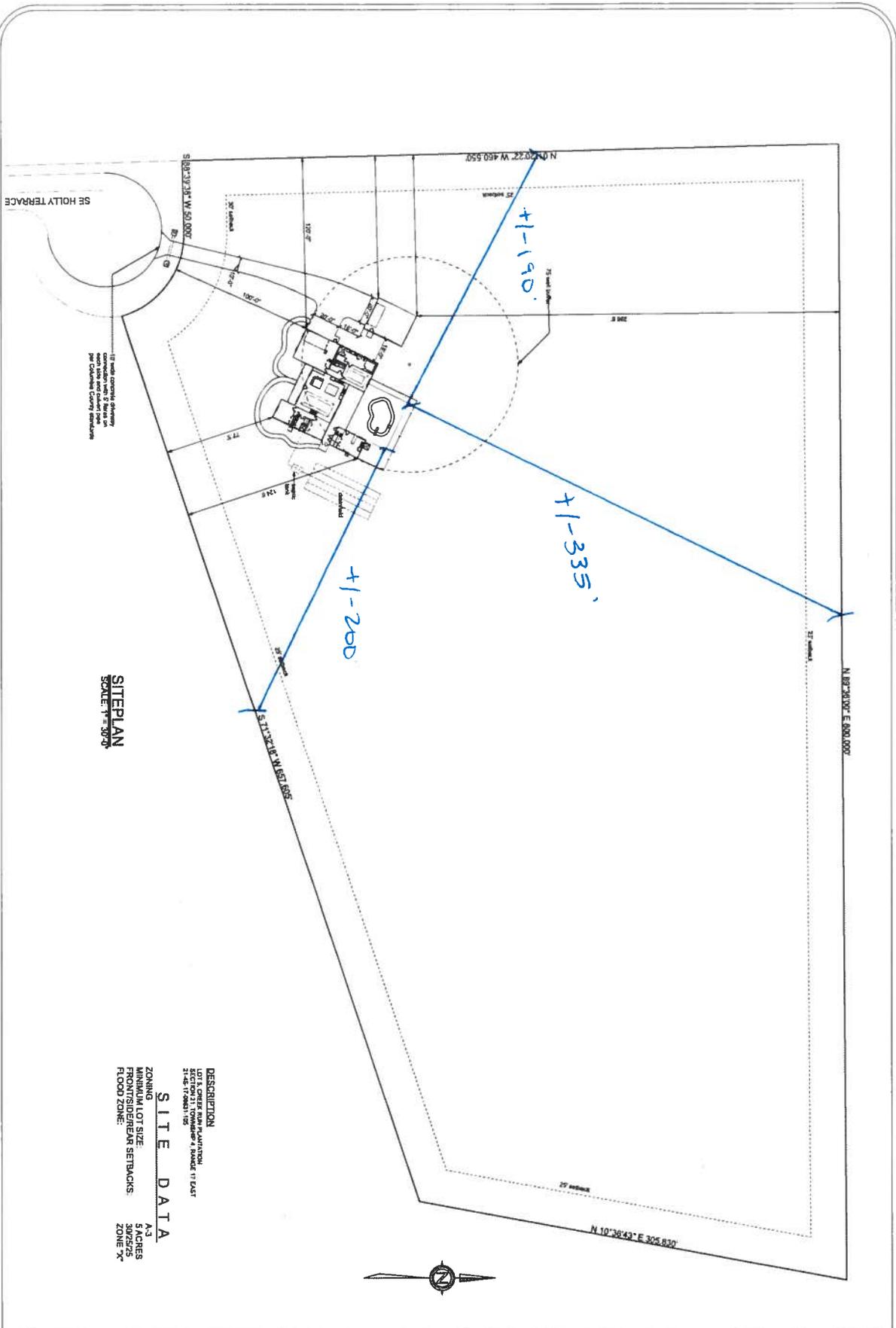
Address: 760 Holly Terrace Lake City FL

Michael S. ... 2/15/19

Contractor Signature / Date

CPC 1457306

License Number



SITEPLAN
SCALE: 1" = 30'-0"

DESCRIPTION:
LOT & CENTER ISLAND PLANNING
SECTION 24, TOWNSHIP 28 S, RANGE 17 E, EAST
2ND DISTRICT, FLA.

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SITE DATA

ZONING: A-1
MINIMUM LOT SIZE: 5 ACRES
FRONT/SIDE/REAR SETBACKS: 30/25/25
FLOOD ZONE: X
ZONE: X*



		P.O. BOX 860125 ST. AUGUSTINE, FL 32086 (904) 429-7536 C.O.A.# 00008701		PETER GIEBEIG RESIDENCE SITEPLAN		PE # 56201
PROJECT NO. 18-0014	SHEET A-2	DATE 11/23/18	DRAWN BY JLH	CHECKED BY A-2	SCALE 1/8" = 1'-0"	

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 1907-76 JOB NAME Peter Gieberg

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

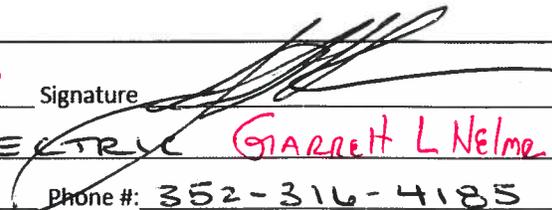
Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL <input checked="" type="checkbox"/>	Print Name <u>"RICK HELME"</u> Signature  Company Name: <u>HELME ELECTRIC</u> GARRETT L HELME CC# <u>1500</u> License #: <u>EC13005536</u> Phone #: <u>352-316-4185</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input checked="" type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/ A/C <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE



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Peter Giebelg 2/15/19
Owner Signature / Date



Address: 760 Holly Terrace Lake City FL

Shirley P. Smith 2/15/19
Contractor Signature / Date

CPC 1457306
License Number

FUNSTATE POOLS INC
CONTRACTOR

Worksheet showing data for compliance with ANSI/APSP-15

Owner: Detle Airberg Address: FLORHOLLYER Lot: _____

ANSI 15 Filtration Flow

Volume of Pool Area 452 x Avg Depth 4.75 = Vol in CF 2147
Vol in CF x 7.48 gal/CF = 16060 GALLONS

Calculate Maximum Filtration Flow Rate: Pool Volume/ 360 = 44.4 GPM [if <13,000 MAY use 36 gpm]
ANSI 15 Auxiliary Flow
Calculate Maximum Auxiliary Load Design Flow Rate:
Number Spa Jets X 7 to 15 GPM = _____ GPM
MAY USE LESS THAN THIS MAXIMUM
IF AT LEAST ANSI 5 12 HR TURNOVER

ANSI 15 Flow

Or Water Feature Flow: _____ GPM
ACTUAL TURNOVER AT ANSI 15 FLOW = _____ HR IF LESS THAN 12 HR MEETS ANSI 5
ANSI 15 Flow: _____ GPM [maximum ANSI 15 Filtration Flow, minimum 12 hour turnover]

PUMP FROM APSP LISTING

Select a pump with Curve A (pools <17,000 gal) or Curve C (pools >17,000 gal) flow equal to or less than ANSI 15 Filtration Flow. May select a multi speed pump with flows acceptable for the ANSI 15 Auxiliary Flow, with acceptable Curve A or C listed flows. Curve A or C flows listed have no relationship or requirement related to ANSI 15 Auxiliary Flow.

Pump Make & Model: Pentair VS+SRS
Pump Flow Rate(s) from Listing: @ Low/Single speed 11 GPM, & @ High Speed 73 GPM
Pump Control: Filtration Pump has no auxiliary load: N/A, time clock to be installed.
Filtration Pump with auxiliary load: Control for low speed default w/in 24 hrs: Pentair VS+SRS self contained program
Make/model

Size filter on "FILTRATION Flow"

Filter Rates: Cartridge= 0.375 gpm/sf; Sand= 15 gpm/sf; DE= 2 gpm/sf
Filter size: ANSI 15 Flow 44.4 GPM / .375 gpm/sf = 119 SF Min Filter Size
[see pool plan for filter model or show here: Sta-rite PL]

ANSI 7 Flow see Site Specific Information Sheet

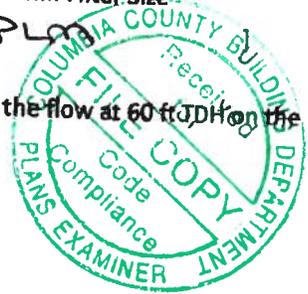
ANSI 5 Flow: Depending on the pipe, use any of the ANSI 15 Filtration, or ANSI 15 flows or the flow at 60 fpm on the selected pump curve for the ANSI 5 Flow.

See flow vs velocity vs pipe size on Standard Engineering.
See summary of pipe sizes on ANSI 7 Site Specific Information Sheet

HEATER MODEL:

GAS HEATER EFFICIENCY RATING: _____ with no pilot light [min 78%]
HEAT PUMP EFFICIENCY C.O.P.: _____ [min 4.0]

CONTRACTOR SIGNATURE: [Signature] DATE: 7/17/19



FUNGATE POOLS INC
CONTRACTOR

Owner: Peter GIEBELG
Address: _____

SITE SPECIFIC INFORMATION FOR COMPLIANCE WITH ANSI/APSP-7
METHOD OF DETERMINING ANSI 7 PUMP FLOW

Max Flow from Pump Curve Simplified TDH Detailed TDH
Pump Curve Attached Curve & Calc Curve & Calc

SUCTION OUTLET FOR: **FILTRATION PUMP**
Manufacturer & Model: Pentair VStSVRS
Pump Flow from Pump Curve with method indicated: _____ GPM
Maximum Pump Flow for sizing Branch Pipe & Suction based on number of Suction Outlets used: _____ GPM
Minimum Branch Pipe Size given flow at 6 FPS: _____ INCH

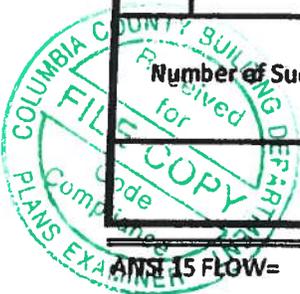
LISTED SUCTION OUTLET COVER/GRATE- POOL OUTLET
Number of Suction Outlets: 1 Manufacturer & Model: Waterway 640-132x
APPROVED Maximum Outlet Flow (GPM) Floor flow: _____ Wall flow: _____

TRUNK/SUCTION PIPE SIZING- ANSI 7 FLOW
Minimum Trunk Pipe Size given flow @ 8 FPS _____ Inch Pipe

SUCTION OUTLET FOR: **SPA**
Manufacturer & Model: Waterway 640-132xV
Pump Flow from Pump Curve with method indicated: _____ GPM
Maximum Pump Flow for sizing Branch Pipe & Suction based on number of Suction Outlets used: _____ GPM
Minimum Branch Pipe Size given flow at 6 FPS: _____ INCH

LISTED SUCTION OUTLET COVER/GRATE- SPA OUTLETS
Number of Suction Outlets: _____ Manufacturer & Model: _____
APPROVED Maximum Outlet Flow (GPM) Floor flow: _____ Wall flow: _____ GPM

TRUNK/SUCTION PIPE SIZING- ANSI 7 FLOW
Minimum Trunk Pipe Size given flow @ 8 FPS _____ Inch Pipe



ANSI 15 FLOW= _____ GPM

	GPM SPA GPM	PIPE SIZE "INCH"	
		FULL FLOW	SPLIT FLOW
OTHER PIPE SIZE SUMMARY			
SKIMMER SUCTION- ANSI 15 FLOW @ 6 FPS :		73.19	2"
FILTRATION RETURN SIDE-ANSI 15 FLOW @ 8 FPS:		73.19	2"
AUXILIARY RETURN SIDE- ANSI 5 FLOW @ 10 FPS:		MIN 1.5"	
2 nd AUXILIARY RETURN SIDE- ANSI 5 FLOW @ 10 FPS:		MIN 1.5"	
OPTIONAL VACUUM OR SWEEP LINE- ANSI 5 FLOW @ 8 FPS:		TYP 1-1/2	

NOTES:

CONTRACTOR SIGNATURE: [Signature] DATE: 7/17/19