



# POOL FACILITY BUDGET ANALYSIS FORM

(FOR EXISTING POOLS)

PLEASE FILL OUT THIS FORM AND FAX AT (800) 428-0133 TO: \_\_\_\_\_

NAME OF FACILITY: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FAX NO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT NAME (S): \_\_\_\_\_  
\_\_\_\_\_

DATE OF POOL OPENING: \_\_\_\_\_ SIZE OF POOL: \_\_\_\_\_  
DATE OF POOL CLOSING \_\_\_\_\_ TOTAL GALLONS: \_\_\_\_\_

TURNOVER RATE (Total time in which the pool water is to be filtered and returned to pool):  
HOURS: \_\_\_\_\_

TYPE OF FILTRATION: \_\_\_\_\_  
(Hi-Rate Sand, D.E., Cartridge, etc.)

NAME & MODEL NO. / MFG: \_\_\_\_\_  
(If Available)

IS THE PUMP LOCATED AT DECK LEVEL OR BELOW DECK LEVEL? \_\_\_\_\_

PUMP MODEL NO. / MFG: \_\_\_\_\_  
(If Available)

TYPE OF SANITIZER USED: \_\_\_\_\_

CHEMICAL CONTROLLER  
MODEL NO. / MFG: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_