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ARCHITECTURAL DESIGN CRITERIA

Please fill out one sheet for each body of water

Note: if there are multiple (up to three) bodies of water, please specify whether the equipment is in a common pump room in order to allow a multiple pool controller to be specified where applicable.

Company: _____ E-Mail _____
 Contact Name _____ phone _____ Fax _____
 Project: _____ Location _____ Date _____

Type of Pool/Spa	
Pool Volume - Gallons	
Water Surface Area	
Location Indoor / Outdoor	
Surge Tank	
Temperature	
Water Feature Description	
Bather Load: Maximum Per 24 Hours	
# Hours Open	
Circulation Pump Voltage	
Water Turnover in GPM	
Return Pipe Size: Diameter in Inches	Inches
Filter Type / Volume	
Is Chlorine Dioxide added to fill water?	
Sanitation Type	
p.H. Control Type	TMI Salt Pure® Controller
p.H. Medium Used	
Ultra Violet System	By: TMI Salt Pure®

In order to utilize all aspects of this form such as "Submit Via E-Mail" you must have the most current version of Adobe Reader or Adobe Acrobat 7.0 or higher. If there are any issues E-Mailing the form back please print it out and submit via fax.