



PO Box 433 , Manchester WA 98353  
 1605 Alaska East, Port Orchard WA 98366  
 (360) 871-9148 Fax: (360) 871-6871  
 timothy@tmisaltpure.com

**ARCHITECTURAL DESIGN CRITERIA**  
 Please fill out one sheet for each body of water

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: <b>Maximum</b> Per 24 Hours		
# Hours Open		
Circulation Pump Voltage		
Water Turnover in GPM		
Return Pipe Size: Diameter in Inches	<input type="text"/>	Inches
Filter Type / Volume		
Is Chlorine Dioxide added to fill water?		
Cal Hypo Back-Up Feeder		
p.H. Control Type	TMI Salt Pure® Controller	<input type="text"/>
p.H. Medium Used		
Ultra Violet System	By: TMI Salt Pure®	<input type="text"/>

Email form to [timothy@tmisaltpure.com](mailto:timothy@tmisaltpure.com) or Fax to 1-360-871-6871  
[www.tmiaquatics.com](http://www.tmiaquatics.com)