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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	
Finish/Surface	
Shell Type	
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	<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"/>