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# Pool Data Sheet

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Customer #: \_\_\_\_\_

<b>Type</b>	<input type="checkbox"/> Inground <input type="checkbox"/> Above Ground	<b>Shape</b>	<input type="checkbox"/> Rectangular <input type="checkbox"/> Round <input type="checkbox"/> Oval <input type="checkbox"/> Kidney <input type="checkbox"/> Freeform
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<b>Size</b>	Dimensions L x W x H or D: _____	Gallonge: _____
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<b>Surface Material</b>	<input type="checkbox"/> Plaster <input type="checkbox"/> Vinyl <input type="checkbox"/> Pebble <input type="checkbox"/> Gelcoat <input type="checkbox"/> Other: _____
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<b>Tile</b>	Brand: _____	Size: _____	Color: _____
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Lineal Footage: _____	Depth Marker: _____	Accent: _____
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<b>Returns</b>	Quantity: _____	Brand: _____	Size: _____	Color: _____
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<b>Skimmer</b>	Brand: _____	Model: _____	Color: _____
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<b>Main Drain</b>	Quantity: _____	Brand: _____	Color: _____	Cover: _____
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<b>Cleaner</b>	Brand: _____	Model: _____
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Type: <input type="checkbox"/> Suction <input type="checkbox"/> Pressure	Accessories: <input type="checkbox"/> Vacuum Plate <input type="checkbox"/> Leaf Trap/Canister <input type="checkbox"/> Ladder Guard <input type="checkbox"/> Regulator Valve
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<b>Ladder</b>	Brand: _____	Model: _____	Size: _____
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<b>Hand Rail</b>	Brand: _____	Model: _____	Size: _____	Anchor: _____
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<b>Equipment</b>	<b>Pump/Pumps:</b> Brand: _____	Model: _____
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Horsepower: _____	Service Factor: _____	Voltage/Amperage: _____
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<b>Filter:</b> Brand: _____	Model: _____	Type: <input type="checkbox"/> Cartridge <input type="checkbox"/> Sand <input type="checkbox"/> DE
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Note: Fill out the section below based on choice here.

<b>Filter - Cartridge:</b> Replacement cartridge part #: _____	Date replaced: _____
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<b>Filter - DE:</b> Replacement Grid part #: _____
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<b>Heater:</b> Brand: _____	Model: _____
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Size: _____	Type: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solar
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<b>Time Clock:</b> Brand: _____	Model: _____	Voltage: _____
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<b>Ozonator:</b> Brand: _____	Model: _____
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<b>Valves:</b> Type: <input type="checkbox"/> Ball <input type="checkbox"/> Gate <input type="checkbox"/> Slice <input type="checkbox"/> Backwash <input type="checkbox"/> Automatic	Brand(s): _____	Size(s): _____
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<b>Cover:</b> Type: <input type="checkbox"/> Solar <input type="checkbox"/> Thermal <input type="checkbox"/> Mesh <input type="checkbox"/> Automatic	Size: _____
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<b>Chemical Feeder:</b> Brand: _____	Model: _____
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Type: <input type="checkbox"/> Chlorinator <input type="checkbox"/> Brominator <input type="checkbox"/> Baquacil <input type="checkbox"/> Salt Generator <input type="checkbox"/> Liquid/Pump
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<b>Controller:</b> Brand: _____	Model: _____
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Type: <input type="checkbox"/> Electronic <input type="checkbox"/> Air <input type="checkbox"/> Remote Actuator <input type="checkbox"/> Programmable: Program Info: _____
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<b>Accessories:</b> <input type="checkbox"/> Auto Fill <input type="checkbox"/> Signage <input type="checkbox"/> Deck Anchors <input type="checkbox"/> Chemical Test Kit <input type="checkbox"/> Chemicals
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<input type="checkbox"/> Cover Reel: Brand: _____	Cover Reel Model: _____
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