

POOL INSPECTION AND EVALUATION (PIE)

Submit Form

Owner Information			
Type of pool surface		Pool Gallons	
Color			
Manufacturer			
Warranty Filed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Warranty #	
Work Order #			
Owner Name			
Address			
City, State, Zip			
Phone		Fax	
Cell		Email	
Contact			

Date Requested _____

Chemistry ppm/mg/i		Water ppm/mg/i		Equipment	
Cl		Cl		Pump HP	
ph		ph		Filter Type	
Alkalinity		Alkalinity		Pipe Size	
Calcium		Calcium		Heater	
Cya. Acid		Cya. Acid		Heat Pump	
TDS		TDS		Solar	
Iron		Iron		Chlorine Type	
Copper		Copper		No. of tabs	
Sequest		Sequest		Timer	

Contractor Information			
Contractor			
Address			
City, State, Zip			
Phone		Fax	
Cell		Email	
Contact			

Valves	<input type="checkbox"/> Plastic <input type="checkbox"/> Bronze	PVC	
By-pass		By-pass	
Feeder Type		Run time	

Notes

Applicator Information			
Applicator			
Address			
City, State, Zip			
Phone		Fax	
Cell		Email	
Contact			

Algae problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Method of Treatment	
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Comments

Service Company			
Applicator			
Address			
City, State, Zip			
Phone		Fax	
Cell		Email	
Contact			

Who will meet at the job site?	
Name	
Phone	

Describe problem in detail: (color, location, pattern, etc.)

Recommendations

Picture attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Inspected	
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