



City of Belle Isle Job Site Permit Card **ELECTRICAL** 2021-02-028

Class: Residential Walters Construction Company Of Nsb L L C. 7022 Seminole Dr- Belle Isle, FL 32812

Parcel Number: 29-23-30-4389-02-161 . . Municipality Belle Isle

INSPECTIONS CANNOT BE SCHEDULED IF A NOC IS PENDING FOR THIS PROJECT

Description of Work:

Spa 1 Pool 1

Issued: PLATINUM ELECTRIC LLC; MARK, BRIAN A

EC13005813 Contact # 407 467-8329/321 299-5737

Payment/ Issued Date & Method: _____ / _____ / 2021 Picked up by _____

Sent by mail to the mailing address Emailed

Visa Master Card Amex Discover Check / Money Order#

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FOR POOL INSPECTIONS, PLEASE REFER TO MAIN POOL PERMIT FOR SPECIFIC POOL INSPECTIONS & CODES

Schedule Inspections via Email at: BI scheduling@universalengineering.com BY 3:00 PM CUT OFF TIME

Inspection Results Will Be Sent Out the Following Business Day

ELECTRICAL	INSPECTOR	DATE	COMMENTS
300 Temp Pole			
310 TUG			
320 Underground			
325 Electrical Above - Ceiling			
330 Rough			
340 Footer Steel Bonding			
350 Pool Light			
360 Pre Power			
370 Meter Re Set			
380 Final			
LOW VOLTAGE ONLY	INSPECTOR	DATE	COMMENTS
335 Rough			This inspection is only for low voltage!
375 Final			This inspection is only for low voltage!

PLEASE NOTE: In order to schedule any inspections, the PERMIT / plans-specs. must be issued and POSTED on the JOB SITE! THIS WILL AVOID ANY FAILED INSPECTIONS & RE-INSPECTION FEES. A permit expires in 6 months if approved inspections are not recorded / scheduled within that time frame. You are responsible for scheduling and keeping track all of your inspections -

☆ Inspection requests are to be emailed to BI scheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 3:00 p.m. Please include the following requirements in your request:

- 1) Project Address 2) Corresponding Permit Number 3) Type of Inspection (Please reference your permit card for inspection codes)
- 4) Date of Inspection (If no date is specified, the inspection will be scheduled for the next business day)
- 5) Contact Name 6) Contact Phone Number 7) Gate / Entry code (If applicable)
- 8) AM, PM, or Any Time (We do our best to accommodate time requests but cannot guarantee an exact arrival)

Universal Engineering Sciences - 3532 Maggie Blvd., Orlando, FL 32811 407-581-8161 * Fax 407-581-0313 www.universalengineering.com

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

Susan Manchester

From: Susan Manchester
Sent: Monday, May 3, 2021 4:23 PM
To: 'jessicadreamscapes@yahoo.com'
Cc: CobiPermits
Subject: 7022 Seminole Dr - POOL PROJECT is cancelled - Dreamscapes Pools & Spas LLC

Thank you for letting us know.

Susan Manchester

Permit Administration for the City of Belle Isle
Building Inspections and Code Compliance Department

3532 Maggie Blvd
Orlando, FL 32811
p 407-423-0504 Ext 23309 | f 407-423-3106



From: jessicadreamscapes@yahoo.com <jessicadreamscapes@yahoo.com>
Sent: Monday, May 3, 2021 2:49 PM
To: Susan Manchester <SManchester@universalengineering.com>
Subject: Re: 7022 Seminole Dr - NEED complete info for BUILDING APP FOR POOL PROJECT - Dreamscapes Pools & Spas LLC

Mimecast Attachment Protection has deemed this file to be safe, but always exercise caution when opening files.

The pool is canceled.

Thank you,
Jessica Miller
Office Manager
Dreamscapes Pools & Spas LLC
407-268-3539

On Monday, May 3, 2021, 11:36:39 AM PDT, Susan Manchester <smanchester@universalengineering.com> wrote:

Hello,



City of Belle Isle

1600 Nela Avenue, Belle Isle, FL 32809
Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org

APPLICATION FOR ELECTRICAL PERMIT

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

RECEIVED FEB 05 2021

DATE OF APPLICATION: PERMIT NUMBER 2021-02-028

The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT
Project Address 7022 Seminole Dr Belle Isle FL 32809 32812
Property Owner Walter Construction Company LLC
Property Owner's Mailing Address 419 N Causeway City New Smyrna Beach
State FL Zip Code 32169 Parcel Id Number: 29-23-30-4389-02-161

Class of Building: Old [] New [x] Type of Building: Residential [x] Commercial [] Other []
Type of Work: New [x] Alteration [] Addition [] Repair [] Low Voltage New [] Existing []

Date First Inspection Desired: or will call for inspection [] Is power needed? Yes [] No []

INDICATE THE QUANTITY OF ALL EQUIPMENT TO BE INSTALLED

Dishwasher Exhaust Fan Disposal Water Heater
Hood Fan Dryer Paddle Fan Outlets
Fixtures Spa Pool Switches
Electric Signs Meter Reset Low Voltage Stoves
Pumps Motors Air Conditioning (tons) Furnace (KW)

Temporary Construction Pole One (1) New Meter Service Amperage/Voltage/Phase
Four (4) or More New Meter Services Same Size: Amperage/Voltage/Phase
Meter Service Upgrade from to = Difference in Size
Relocate Existing Meter Service (No Service Size Change)

Other:
[] PERMIT FEE BASED ON METER SERVICE SIZE SCHEDULE \$
[] VALUATION OF JOB (VALUATION OF ALL MATERIALS, LABOR, AND FIXTURES INSTALLED \$ 500

Building Official: Date

Review & Permit Fee = \$ 57 + 28.50 = 85.50
3% FL Surcharge = \$ 2 + 2 (min) = 4.00
TOTAL Permit = \$ 89.50

I hereby certify that the above is true and correct to the best of my knowledge.
I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances.

LICENSE HOLDER SIGNATURE [Signature] LICENSE # CC13005813
LICENSE HOLDER NAME Brian Mark COMPANY NAME Platinum Electric LLC
Street Address 20833 Manlin St.
City Orlando State FL Zip Code 32833 Phone Number 321-299-5737

NOTE: The Building Permit Number is required if the Electrical Installation is associated with any construction or alteration where a Building Permit has been issued.
Building Permit Number



YARDGARD®

YG18 OPERATION MANUAL

TABLE OF CONTENTS

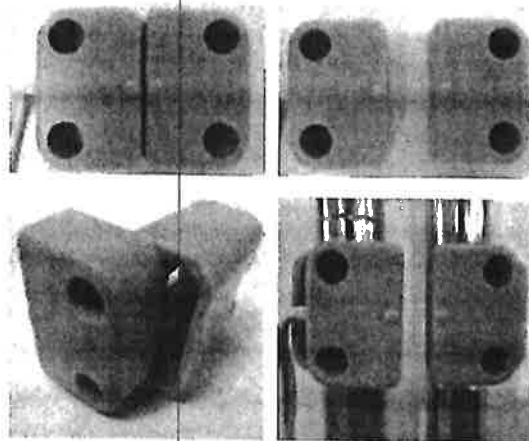
Important/Warnings	2
Installation	3
Magnet Switch	3
Additional PASS/RESET Switch	3
Main Unit	3
Install Battery	3
Operation	4
Mode Selection	4
Convenience Mode	4
Safety Mode	5
Set Your Own Code	6
Seven or Fifteen Second Time Delay	6
Alarm Reset	6
Trouble Shooting	7
Warranty	8

Installation

MAGNET SWITCH

Attach the magnet switch onto the door, gate or sliding door by using the screw or the double sided foam tape. Align the dots and keep the gap under 1/2".

If you use the alarm on a metal fence, please raise the magnet switch up using the spacer as shown, to avoid interference caused by metal shielding. Use the nylon strap to attach the spacer and magnet switch onto the metal posts.



ADDITIONAL PASS/RESET SWITCH

Put this switch on the pool side of the fence or door for convenient walk in and walk out control.

MAIN UNIT

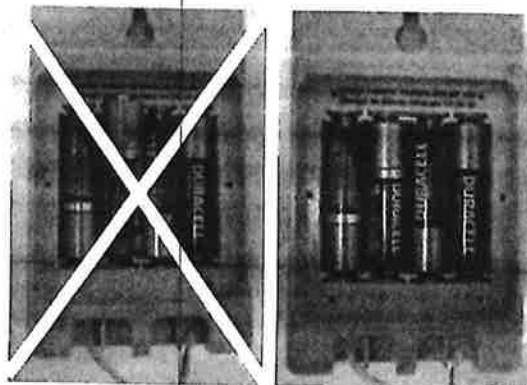
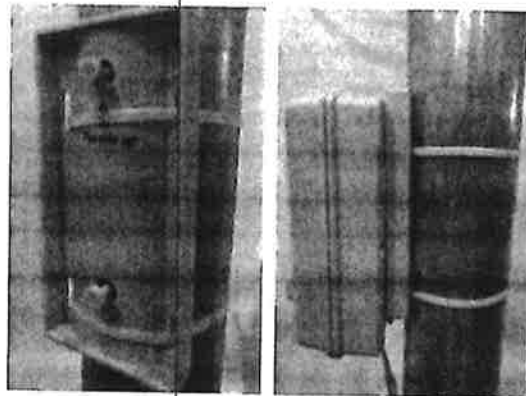
Attach the mounting bracket with a screw to a wooden post or by nylon strap on to a metal post as shown. The main unit can be put into the mounting bracket.

It is recommended that you mount this main unit on the entrance side.

INSTALL BATTERY

This unit is designed to run on 6 pcs AA batteries. When you put in the top batteries, be sure that they are placed flat and not tilted.

The unit has a built in microprocessor to monitor the batteries. When the batteries are running low, it will chirp once every 60 seconds. When this happens, simply replace them with new ones.



















Congratulations on your purchase of the most advanced and affordable Technology available for protecting your pool area.

IMPORTANT – Please read first

This product does not replace the need for adult supervision of all persons in the pool area. It is not a life saving device. It is an aid to a multi level program of pool safety including adult supervision, knowledge of CPR and swimming instruction for all persons using the pool. The manufacturer assumes no responsibility for injuries or consequential property damage. Proper installation and maintenance are the sole responsibility of the consumer.

IMPORTANT SAFETY INFORMATION

-  **WARNING:** Read all instructions prior to installing or operating this device.
-  **WARNING:** Failure to follow the instructions may result in injury or death.
-  **WARNING:** This product does not replace the need for adult supervision of all persons in the pool area.
-  **WARNING:** The manufacturer assumes no responsibility for injuries or consequential property damage while this product is in use.
-  **WARNING:** Proper installation and maintenance are the sole responsibility of the pool owner.
-  **WARNING:** Do not permit children to use this product unless closely supervised by an adult at all times.
-  **WARNING:** Do not use this product if it is damaged in any way.
-  **IMPORTANT:** Swimming instruction is recommended for those who cannot swim.
-  **IMPORTANT:** Participation in a safety instructional course such as CPR (especially for children) is recommended.
-  **IMPORTANT:** For children or persons that cannot swim, a Personal Floatation Device (PFD) is recommended when entering the pool area.
-  **IMPORTANT:** Never leave children unattended near or in the pool.
-  **IMPORTANT:** It is imperative to react quickly once the alarm has sounded.
-  **IMPORTANT:** Test the alarm weekly to ensure it is working properly.
-  **IMPORTANT:** Do not leave toys or objects floating in an unattended pool as this may invite children to enter the pool.
-  **IMPORTANT:** Keep the pool water clear so all objects on the bottom of the pool are visible.
-  **IMPORTANT:** Layers of protection add to the security of the pool area. A barrier fence should always be used around a pool in conjunction with YardGard, as well as a pool alarm, such as SmartPool's PoolEye to alert the responsible party of a potential unwanted entry into the pool or pool area.

OPERATION

MODE SELECTION

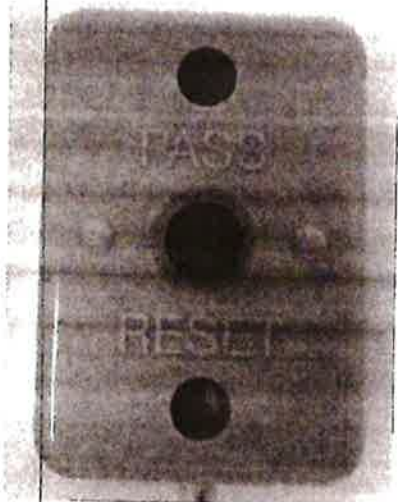
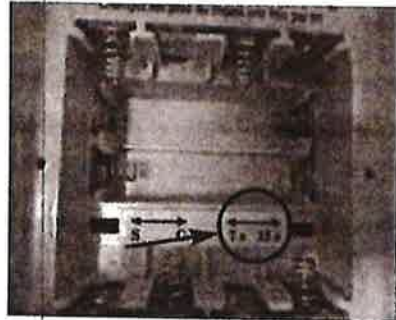
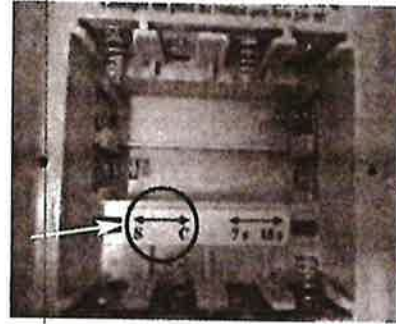
The unit is designed to give you a choice of either "Safety Mode (S)" or "Convenient Mode (C)". Both modes can be programmed for a 7 or 15 second delay.

The mode selection switches are placed under the top batteries. Slide to "S" to select Safety Mode. Slide to "C" to select Convenient Mode. See below for explanation of each mode.

Slide to "7s" to select a 7 second delay or "15 s" to select a 15 second delay.

CONVENIENCE MODE

When "C" mode is selected, only the orange button on the main unit and the PASS/RESET switch are active. Pressing either key allows you to open the door for 7 or 15 seconds. When either key is pressed, the red LED will flash indicating the unit is ready for you to open the door. You have 30 seconds to open the door.



If you press the orange key and want to cancel it, press the "C" key and the red LED stops flashing. The unit is now reset.

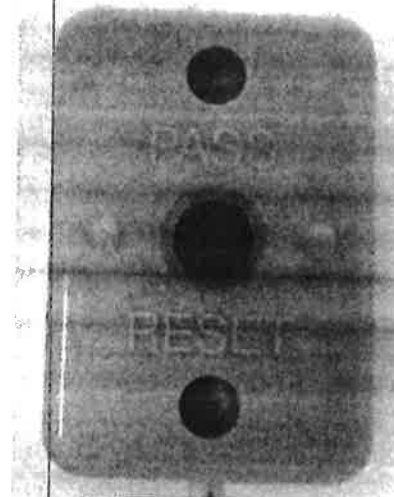
If the door is opened without pressing either key or the door is opened for too long, the alarm will sound. To reset the unit, first close the door and then press either key. Alarm will not reset if the door remains open



SAFETY MODE

When this mode is select, the unit is controlled by code entry. The factory default code is 1-2-3-4. To get a 7 or 15 second delay, enter the correct code and the red LED will flash. You can then open the door for up to 7 or 15 seconds without sounding alarm.

Press the PASS/RESET switch also allows you to open the door for 7 or 15 seconds without sounding the alarm.



After you set the time delay but you want to cancel it, press "C" key and the red LED stops flashing. The unit is now reset.

If the door is opened without pressing the PASS/RESET key or without that correct code on the main unit, or if the door is opened for too long, the alarm will sound. To reset the unit, first close the door and then press PASS/RESET key or enter the correct code on the main unit. Alarm will no reset if door remains open.

It is recommended that you put the PASS/RESET switch on the pool side and put the main unit on the entrance side.

Important Note:

Install the unit at a minimum height of 54", high enough to be out of the reach of children.



SET YOUR OWN CODE

You can set your own favorite 4 digit code. If the unit is newly installed or the battery is removed, the unit will automatically be set to the factory default code, which is 1-2-3-4. To set the code, first enter the previous set code. When the red LED flashes, press and hold the "S" key for 3 seconds until you hear 3 beeps. The red LED will stay ON. Enter your favorite 4 digit code. At the end you will hear a long beep indicating that the code entry is successful.



If you have pressed the wrong key, simply press the "C" key and start over again.

SEVEN OR FIFTEEN SECOND TIME DELAY

If you select 7 second delay, the unit allows you to open the door for 7 seconds without sounding the alarm. The same is true for 15 second selection. To get this time delay, follow the instructions described in the above sections.

This time delay will be canceled in 30 seconds after the appropriate key is pressed or correct code is entered. The unit will reset automatically.



ALARM RESET

You can reset the unit after alarm goes off by pressing the orange key, the PASS/RESET key or entering the correct code, depending on "S" or "C" mode selected. If no key pressed, alarm will reset in 3 minutes if the door is closed. However, if the unit detects the door is left opened, the alarm will continue to sound.

TROUBLE SHOOTING

Q. I cannot change the mode.

- After mode selection, press and hold the ENTER switch for at least 1 second.

Q. False Alarm

- The alarm is triggered if the magnet contact switch is separated. Check the magnet switch alignment, make sure the dots on the plastic pieces are aligned.
- If you install the unit on a metal fence, make sure the magnet contact switch pieces are raised high enough to avoid the shielding interference caused by the metal.
- Check the connection wires are secure.

Q. I have pressed the orange key, PASS/RESET key or entered the correct code but the alarm sounds when I open the door.

- The unit will reset by itself in 30 seconds after any key entry. This prevents the unit from being disabled forever if you have pressed the key(s) by accident. The red LED flashes to indicate the time delay is still in force. If the time delay is canceled and the unit is reset, the red LED is out.

Q. I have forgotten the code.

- Remove the battery and the unit will be set to the default code, which is 1-2-3-4. Reset your own code.

Q. The unit makes a chirp every minute.

- This indicates the batteries are running low. Replace the batteries with new ones.

Q. Can I use the unit on sliding door?

- Yes. Mount the magnet switch on your sliding on your sliding door so that the two plastic pieces are separated if the door is opened.

Q. Can I turn the unit off so that I can leave the door open?

- No. The unit is always ON as required by a barrier code. Once you install the battery, the unit cannot be turned off, similar to a smoke detector in your house.



SMARTPOOL®

SIX MONTH LIMITED WARRANTY

Six month limited warranty from date of original purchase for manufacturing defects under normal and reasonable use, and subject to the maintenance requirements and installation guidelines set forth in the product instruction manual.

THIS WARRANTY IS SUBJECT TO THE TERMS, LIMITATIONS AND EXCLUSIONS DESCRIBED BELOW, AND THERE ARE NO OTHER WARRANTIES OR REPRESENTATIONS, EITHER EXPRESS OR IMPLIED, WHETHER OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, OR OTHER, MADE BY THE MANUFACTURER, OTHER THAN THOSE SPECIFICALLY SET FORTH IN THIS WRITTEN WARRANTY

What is Covered: SmartPool, Inc. warrants its electronic product to be free from defects in material and workmanship when leaving the factory.

What is not Covered: Any type of damage to the product due to improper installation, maintenance, or failure to provide necessary and reasonable maintenance; any damage or injury caused by misuse and/or unreasonable use of the product; batteries (if applicable); damage due to or related to improper draining, winterizing, storage or Acts of God; SmartPool, Inc. will not honor any claims for damage to any products in transit unless damage to the shipping container is noted at the time of delivery on the transfer company's delivery bill.

THE WARRANTY OBLIGATIONS OF SMARTPOOL, INC. ARE LIMITED TO REPAIR OR REPLACEMENT OF THE PRODUCT OR OF ANY DEFECTIVE COMPONENT, AT THE OPTION OF SMARTPOOL. UNDER NO CIRCUMSTANCES WILL SMARTPOOL, INC. BE LIABLE OR RESPONSIBLE FOR ANY CONSEQUENTIAL OR INCIDENTAL DAMAGES, AND/OR CHARGES FOR LABOR. SMARTPOOL SHALL NOT BE LIABLE OR RESPONSIBLE UNDER ANY CIRCUMSTANCES OR ANY AMOUNT FOR ANY CONSEQUENTIAL OR INCIDENTAL DAMAGES, OR FOR ANY INJURIES OR DAMAGES TO PERSON OR PROPERTY USING OR USED IN CONNECTION WITH THE PRODUCT, OR FOR ANY OTHER LOSS OF PROFITS OR OTHER COSTS OR EXPENSES OF ANY KIND OR CHARACTER. IF SMARTPOOL, INC. DETERMINES THAT EITHER REPAIR OR REPLACEMENT OF THE PRODUCT IS NECESSARY, SMARTPOOL MAY EITHER REPAIR THE PRODUCT AT A NOMINAL CHARGE TO THE OWNER OR REPLACE THE PRODUCT. THE OWNER BEARS THE SOLE RESPONSIBILITY FOR PRE-PAID RETURN OF THE PRODUCT TO SMARTPOOL, AND ALL REPAIRED OR REPLACED PRODUCTS WILL BE RETURNED AT THE OWNER'S EXPENSE.

NO PERSON, FIRM, OR CORPORATION IS AUTHORIZED TO MAKE REPRESENTATIONS OR INCUR ANY OBLIGATIONS IN THE NAME OF OR ON BEHALF OF SMARTPOOL, INC., EXCEPT AS STATED HEREIN. THE REMEDIES SET FORTH IN THIS WARRANTY ARE EXPRESSLY UNDERSTOOD TO BE THE EXCLUSIVE REMEDIES AVAILABLE TO THE OWNER, AND THIS WARRANTY CONTAINS THE FULL AND COMPLETE AGREEMENT BETWEEN SMARTPOOL, INC. AND THE OWNER. THIS WARRANTY SETS FORTH THE ONLY OBLIGATIONS OF SMARTPOOL, INC., WITH REGARD TO THIS PRODUCT, AND THERE ARE NO WARRANTIES WHICH EXTEND BEYOND THE DESCRIPTION ON THE FACE HEREOF.

The representations set forth herein are the only representations made by SmartPool, Inc., with respect to the product, and this warranty does not constitute either a performance or satisfaction guarantee. It is the responsibility of the product owner to regularly test and check the product for proper function and safety.

This warranty gives the original owner specific legal rights. You may have other rights depending on where you live.

What you must do to file a claim: Call 1-732-730-9880 to initiate a claim. You will receive an instruction package within 10 days.



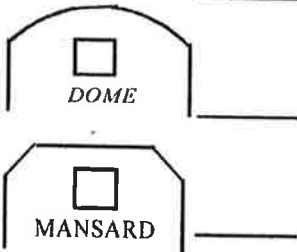
SMARTPOOL®

www.smartpool.com

POOL SQ FT 345 SF
 SPA SQ FT 42 SF
 PERIMETER 83 FT
 SPA PER. 326 FT
 DEPTH 3' TO 5' FT
 DECK N/A SF
 DOOR PADS N/A SF
 TOP PATIO N/A FT
 STEP TILE N/A <>
 CANTILEVER N/A FT
 6" R. BEAM 26 FT
 12" R. BEAM N/A FT
 18" STEP RISER N/A FT
 18" R. BEAM NA FT
 46" R. BEAM N/A FT

PAVERS
 COPING 103 FT
 DECK 460 SF
 LANAI 498 SF
 DOOR PADS N/A SF
 ACRYLIC N/A SF

SCREEN
 ROOF AREA N/A SF
 WALL LENGTH N/A FT
 WALL WIDTH N/A FT
 WALL HEIGHT N/A FT
 WALL PER. N/A FT
 GUTTER N/A FT



DIG & HAUL YES
 DIG & DROP N/A
 DOUBLE DIRT YES
 SMALL EQUIP. N/A
 ACCESS LEFT
 SET POOL BEAM
 AT LANAI MATERIAL-7'
 BELOW _____
 SET TILE AT _____

1. JOB # _____ SHAPE RECTANGLE
 2. TILE TBD COLOR _____ ACCENT TILE _____
 3- DECKING TRAVERTINE COLOR TBD CANTILEVER _____
 4. BRICK COPING 12" X 24" SQ EDGE STONE TRAVERTINE COLOR TBD
 5. POOL SIZE 345 DEPTHS 3' TO 5' APX GALLONS 8,916
 6. FILTER TYPE CART. SQ. FT. TBD
 7. PUMP FLO-PRO VS FLOWRATE _____
 8. LIGHT STANDARD VOLTS _____ WATTS _____
 9. ELECTRICAL: PUMP-LIGHT-TIMER YES
 10. SWIMOUT YES 11. HANDRAIL N/A 12. SKIMMER N/A
 13. MAINDRAIN YES 14. ADJUSTABLE RETURNS 3
 15. AUTO. POOL CLEANER N/A STUB-OUT SUCTION
 16. IN-FLOOR N/A # OF HEADS N/A COLOR N/A
 17. INT. FINISH PEARL MATRIX COLOR TBD
 18. CHLORIN. SALT SYSTEM TIME CLOCK PER CODE
 19. MANUAL POOL CLEANING EQUIPMENT: BRUSH-TEL. POLE-FLEX-VAC. HEAD-TEST KIT
 VAC. HOSE-SKIMMER NET-START UP CHEMICALS YES
 20. SPA 6'6" X 6'6"
 NO. JETS 4 RETURN FLOOR _____ DRAIN YES
 LIGHT STANDARD PUMP N/A BLOWER N/A
 STEPS N/A SPIL-WAY N/A HEATER 400,0000
 GLASS BLK. N/A RAISED 6" CONTROL SYS N/A
 23. CHILD SAFETY FENCE N/A
 24. ENGINEERING REQUIRED N/A
 25. SUNSHELF _____
 26. DOOR ALARMS. _____
 27. GRAY GROUT _____
 28. AREA DRAINS _____
 29. TOP LANAI TO MATCH _____
 30. _____
 31. _____
 32. _____
 33. _____
 34. _____

Dreamscapes Pools and Spas, LLC.

4044 West Lake Mary Blvd. Ste 104327
 Lake Mary, FL 32746
 Phone (407) 268-3539 Fax (407) 268-3574

NAME WALTERS CONSTRUCTION
 ADDRESS 7022 SEMINOLE DR
 CITY BELLE ISLE ZIP 32812
 PHONES-HOME _____ OFFICE _____
 FAX _____

LEGAL: BLOCK _____ LOT # _____ PB & PG _____
 COUNTY ORANGE-BELLE ISLE SUBDIVISION BELLE ISLE
 CUSTOMER'S SIGNATURE _____

DRN. BY MK DATE 1/6/21 CHK. BY MS

Total Dynamic Head Calculation Worksheet



ZODIAC POOL SYSTEMS, INC.

Company: Dreamscapes Pools and Spas, llc. Job #: Date: 1/7/2020
 Job Name: 7022 SEMINOLE DRIVE Address: 7022 SEMINOLE DRIVE
 City/Town: BELLE ISLE State: FL. Zip Code: 32812

Instructions: Data can only be added to the yellow cells. Steps #1 & 2 are for calculating Pool Volume in Gallons and for establishing a turnover rate in Gallons Per Minute (GPM). If the turnover rate is already established, click on the GPM cell at the end of Step #2 and Input flow rate, then proceed to Step #3. Pressing the RESET button will clear all inputted information to start a new worksheet. Worksheet can be saved to a file or printed for future reference.

← Caution: Pressing the RESET button will clear all yellow cells to start a new worksheet.

Step # 1
Calculate Pool Volume:

Width	Length	Surface Area	Av. Depth	Gallons
13.5	26.5	345	4	8,916

System TDH Calculation Results
 Total Friction Loss In Ft. of Water (TDH) **48.55**
 Total Friction Loss In PSI **21.02**

Step # 2
Calculate GPM & Turnover Rate in Hours:

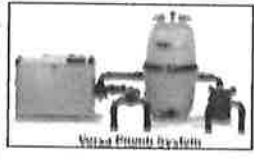
Gallons	Run Time (hrs.)	Run time (min.)	GPM
8,916	8	480	52



Versa Plumb Reduction Results
 TDH Reduction **4.00**
 Total System TDH with Versa Plumb **44.55**

Step # 3
Calculate Total Length of Suction Pipe: (recommended velocity: 6 fps and below)

System GPM	Suction Pipe Size	Velocity (ft./sec.) at System GPM	Friction loss in Ft. of water / ft.	Total Length of Pipe	Friction Loss in Ft. of Water	Friction Loss in PSI
52	1.5"	8.16	0.155		0.00	0.00
	2"	4.99	0.045		0.00	0.00
	2.5"	3.54	0.019	100	1.93	0.84
	3"	2.24	0.007	5	0.03	0.01
	4"	1.30	0.002		0.00	0.00
	6"	0.57	0.000		0.00	0.00
				TOTAL	1.96	0.85



Step # 4
Calculate Total Length of Return Pipe: (recommended velocity: 8 fps and below)

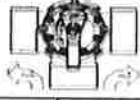
Return Pipe Size	Velocity (ft./sec.) at System GPM	Friction loss in Ft. of water / ft.	Total Length of Pipe	Friction Loss in Ft. of Water	Friction Loss in PSI
1.5"	8.16	0.155		0.00	0.00
2"	4.99	0.045	110	4.96	2.15
2.5"	3.54	0.019		0.00	0.00
3"	2.24	0.007		0.00	0.00
4"	1.30	0.002		0.00	0.00
6"	0.57	0.000		0.00	0.00
			TOTAL	4.96	2.15


Step # 5
Calculate Total Number of Pipe Fittings: (Input Total of each Size Fitting in Yellow Cells)

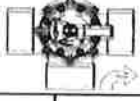
Fitting Size	Standard 90° Elbow	Long Radius 90° Elbow	Standard 45° Elbow	Insert Coupling	Tee (straight flow)	Tee (branch flow)	Friction Loss in Ft. of Water	Friction Loss in PSI	
1.5"							0.00	0.00	
Friction Loss In Ft. of Water	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2"	16			8		2	12.41	5.37	
Friction Loss In Ft. of Water	4.33	0.00	0.00	7.00	0.00	1.08	12.41	5.37	
2.5"	15			7		2	3.30	1.43	
Friction Loss In Ft. of Water	2.32	0.00	0.00	0.41	0.00	0.58	3.30	1.43	
3"	2			2		1	0.25	0.11	
Friction Loss In Ft. of Water	0.11	0.00	0.00	0.04	0.00	0.11	0.25	0.11	
4"							0.00	0.00	
Friction Loss In Ft. of Water	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
6"							0.00	0.00	
Friction Loss In Ft. of Water	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
							TOTAL	15.96	6.91


Step # 6		
Calculate Static Suction & Discharge Lift:		
Input Total Feet of Lift	Friction Loss in Ft. of Water	Friction Loss in PSI
0.5	0.50	0.22

Step # 7				
Calculate Exit Loss:				
Input Size of Return Eyeball	Input Number of Return Eyeballs	Individual Return GPM	Friction Loss in Ft. of Water	Friction Loss in PSI
1/2"	3	17	9.34	4.04

Step # 8			
Select 3-Way Valve Straight Flow Size:		Straight Through Flow 	
3-way Valve Pipe Size	Input Number of 3-way Valves	Friction Loss in Ft. of Water	Friction Loss in PSI
		0.00	0.00
Option will be available with the next revision.		0.00	0.00
		0.00	0.00

Select Check Valve Straight Flow Size:				Straight Through Flow 	
3-way Valve Pipe Size	Input Number of 3-way Valves	Friction Loss in Ft. of Water	Friction Loss in PSI		
1.5"		0.00	0.00		
2"		0.00	0.00		
2.5"	2	2.22	0.96		
3"		0.00	0.00		

Select 3-Way Valve 90° Flow Size:				90° Flow 	
Check Valve Pipe Size	Input Number of Check Valves	Friction Loss in Ft. of Water	Friction Loss in PSI		
1.5"		0.00	0.00		
2"	3	3.33	1.44		
2.5"	3	4.02	1.74		
3"		0.00	0.00		
Total 3-Way Valve Loss		7.35	3.18		

Select Check Valve 90° Flow Size:				90° Flow 	
Check Valve Pipe Size	Input Number of Check Valves	Friction Loss in Ft. of Water	Friction Loss in PSI		
1.5"		0.00	0.00		
2"		0.00	0.00		
2.5"		0.00	0.00		
Total Check Valve Loss		2.22	0.96		

Step # 9		
Select Jandy Filter Type and Size:		
Select Filter	Friction Loss in Ft. of Water	Friction Loss in PSI
CS200	1.30	0.56

Step # 10		
Select Jandy Heater Type and Size:		
Select Heater	Friction Loss in Ft. of Water	Friction Loss in PSI
LXi400	4.04	1.75

Step # 11		
Select Jandy Backwash Valve:		
Select Backwash Valve	Friction Loss in Ft. of Water	Friction Loss in PSI
None	0.00	0.00

Step # 12		
Select AquaPure Salt Cell:		
Select Salt Cell	Friction Loss in Ft. of Water	Friction Loss in PSI
AP1400 180°	0.92	0.40

Step # 13		
Select Caretaker In-floor Valve:		
Select In-floor Valve	Friction Loss in Ft. of Water	Friction Loss in PSI
None	0.00	0.00



DS 

ANSI-7 Suction Outlet Safety Compliance Data Sheet

(One sheet for each drain or set of drains in the system)

Job Name: 7022 SEMINOLE DRIVE

Address: 7022 SEMINOLE DRIVE

BELLE ISLE, FL. 32812

THIS DATA IS FOR THE: POOL AUXILIARY (Spa, Feature(s) etc.)

SUCTION OUTLET(S)

Are there drains: yes no (if no, go to trunk & return pipe size)

Single unblockable Two or more

(if single unblockable, indicate make, model & flow rating then go to trunk & return pipe size)

Drain make & model: HAYWARD 8" ROUND

Listed cover flow rate: 125.7 gpm

SYSTEM FLOW RATE

System flow rate: 52GPM gpm

Method of determining system flow:

52GPM System flow from the TDH Calculator (attach calculation sheet)

48.55 Total dynamic head calculation (attach calculation sheet)

N/A Simplified total dynamic head (attach pipe length + filter + heater resistance)

PUMP SELECTION

Pump make & model: JANDY VARIABLE SPEED

(attach pump performance curve, indicating flow as calculated above)

PIPE SIZE

Branch piping size 3 inch @ 6 fps or lower

Trunk line size 2.5 inch @ 8 fps

PIPE SIZE SUMMARY - THIS JOB - PER THE APPLICABLE STANDARD:

Suction side filtration branch piping size :	<u>3</u> in.	per ANSI-1 5 or 7 @ 6 fps
Suction side filtration trunk line piping size :	<u>2.5</u> in.	per ANSI-1 5 or 7 @ 6 fps or 8 fps
Return side filtration branch piping size :	<u>2</u> in.	per ANSI-1 5 @ 8 fps
Return side filtration trunk line piping size :	<u>2</u> in.	per ANSI-1 5 @ 8 fps
Auxiliary drain branch suction line piping size =	<u>N/A</u> in.	per ANSI-7 @ 6 fps
Auxiliary drain trunk suction line piping size =	<u>N/A</u> in.	per ANSI-7 @ 8 fps
Auxiliary return line piping size =	<u>N/A</u> in.	per ANSI-5 @ 10fps
Vacuum line, if installed shall be sized to flow at 8 fps per ANSI-5 and shall be covered with a self-closing, self-latching cover per ANSI-7	<u>2.5</u> in.	

Swimming Pool Energy Efficiency Compliance Information

Note: These Requirements apply ONLY to the Filtration Pump

ANSI / ASPC / ICC-15 2011

Flow Calculations:

Pool water volume 8,916 / 360 = 24.77 gpm - this is the calculated flow rate

Note: for pools under 13,000 gals. the calculated flow rate or 36 gpm whichever is greater = the filtration flow rate

Note: Is there an Auxillary load on the filtration pump? Yes No

If so, what is the calculated auxillary flow rate N/A gpm

Flow rate (low speed) N/A gpm @ N/A rpm

Minimum suction side pipe size @ 6 fps 1.5 in. Minimum suction side branch pipe size @ 6 fps 1.5 in.

Minimum return side pipe size @ 8 fps 1.5 in. Minimum return side branch pipe size @ 8 fps 1.5 in.

Determine Filter Size:

Filter Factors (GPM/SF): Cartridge (0.375) D E (2.0) Sand (15)

Filter Size: $\frac{36}{(Flow\ Rate)} \div \frac{.375}{(Filter\ Fact)} = \frac{96}{(Filter\ Size)}$ Jandy 200SF
(Filter Make and Model)

Pump Controls:

Filtration pump has no auxillary load- standard time clock

Filtration pump with auxillary load-Control model for low speed default within 24 hrs

N/A

Heater Model:

Jandy 400,000 BTU
(Make, Model and Size)

Gas Heater Efficiency Rating 52 (No Pilot Light)

Heater Pump Efficiency C.O.P -

CS SERIES
Single Element Cartridge Filter

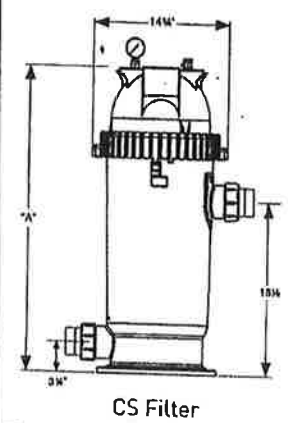


**Jandy Pro Series CS Series
Single Element Cartridge Filters**

The CS Filters utilize single element cartridges designed to provide the same great filtration as the CV and CL Models, but in a more compact body. The cartridges on the CS are easily removed, making it simple to clean and care for. Available in 100, 150, 200, and 250 square foot models.

- » Universal unions fit most Jandy Pro Series products
- » Easy grip handles for easy lid removal
- » Extra large 2" drain port for easy cleaning of debris
- » Pressure gauge with clean/dirty indicator that makes it easy to assess filter condition
- » The CS Filter is compatible with the Jandy Versa Plumb® System.

DIMENSIONS



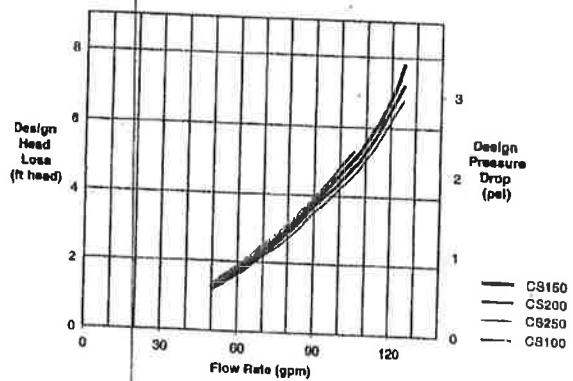
SPECIFICATIONS

Specifications and Dimensions, CS Series Filters

Model Number	CS100	CS150	CS200	CS250
Filter Area	100 ft ²	150 ft ²	200 ft ²	250 ft ²
Design Flow Rate	1 gpm/ft ²	.85 gpm/ft ²	.625 gpm/ft ²	.5 gpm/ft ²
Maximum Flow	100 gpm	125 gpm	125 gpm	125 gpm
Six (6) Hour Capacity	36,000 gallons	45,000 gallons	45,000 gallons	45,000 gallons
Eight (8) Hour Capacity	48,000 gallons	60,000 gallons	60,000 gallons	60,000 gallons
Normal Start Up Pressure	6-15 psi	6-15 psi	6-15 psi	6-15 psi
Max. Working Pressure	50 psi	50 psi	50 psi	50 psi
Cartridges Required	1	1	1	1
Shipping Weight	28 lbs.	28 lbs.	34 lbs.	36 lbs.
Height ("A")	32½"	32½"	42½"	42½"

PERFORMANCE

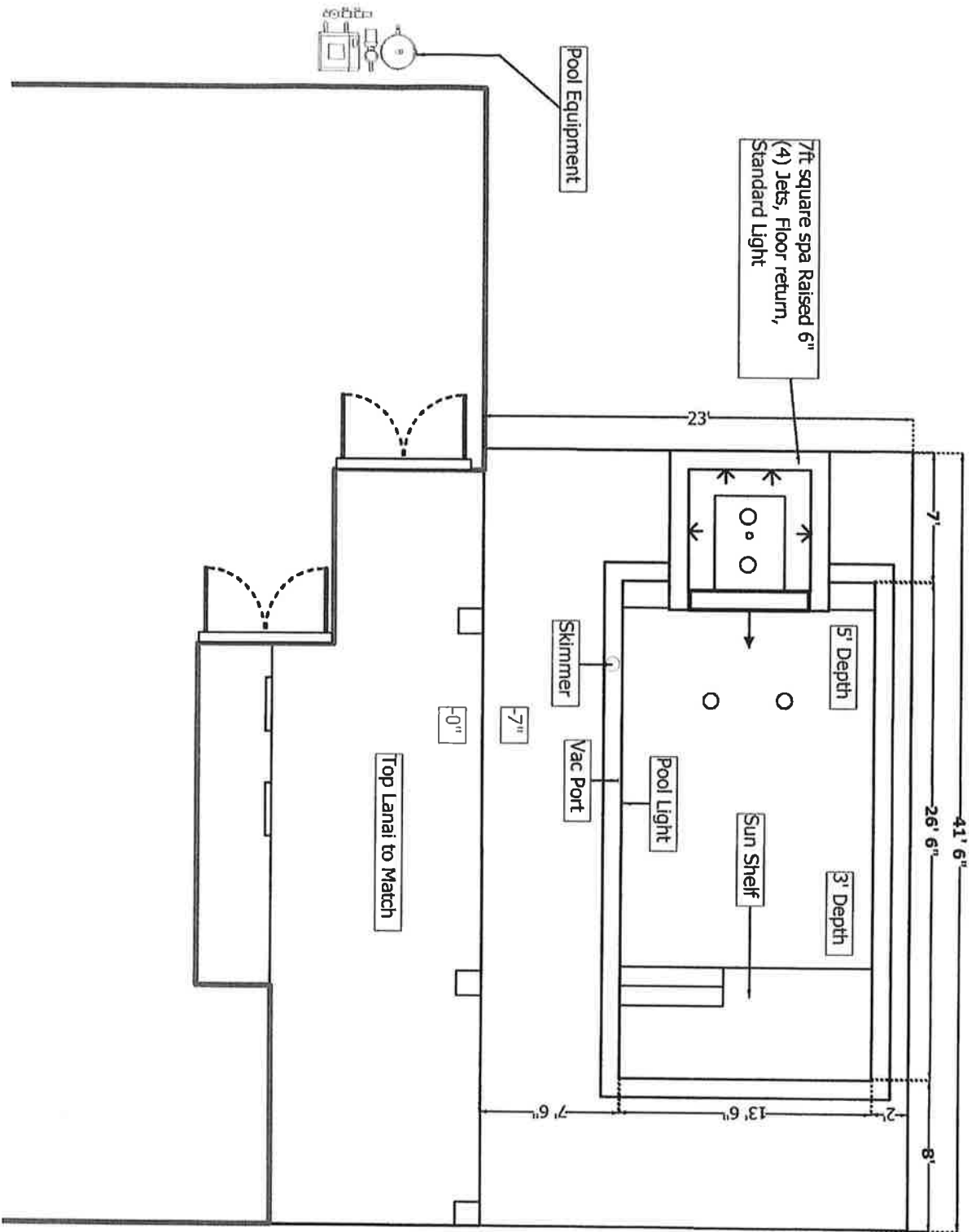
CS Filter Head Loss Curves



Zodiac Pool Systems, Inc.
2620 Commerce Way, Vista, CA 92081
1.800.822.7933 | www.ZodiacPoolSystems.com

Zodiac Pool Systems Canada, Inc.
2115 South Service Road West, Unit #3, Oakville, ON L6L 5W2
1.888.647.4004 | www.ZodiacPoolSystems.ca





Pools

Envelope: **26' 6" x 13' 6"**
 Perimeter: **83'**
 Area: **344.68 sq ft**
 Depth: **3 to 5'**
 Volume: **8,916 gallons**
 Drains: **2**
 Lights: **1 Standard**
 Interior Finish: **TBD**
 Tile Line: **+6" 83' 1"**
 Tile Material: **TBD**
 Coping Area: **75.48 sq ft**
 Coping Material: **TBD**

Spas

Envelope: **6' 6" x 6' 6"**
 Perimeter: **26' 1"**
 Area: **42.59 sq ft**
 Depth: **3'**
 Height: **8"**
 Volume: **576 gallons**
 Drains: **2**
 Lights: **1 Standard**
 Spillover Length(s): **6'**
 Interior Finish: **TBD**
 Tile Line: **+6" 26' 1"**
 Tile Material: **TBD**
 Exterior Facing: **10.89 sq ft**
 Coping Area: **23.73 sq ft**
 Coping Interior: **19' 9"**
 Coping Material: **TBD**
 Step Area: **23.49 sq ft**

Hardscapes

Perimeter: **323' 2"**
 Area: **958.21 sq ft**
 Total Area: **958.21 sq ft**
 Height: **2" 8"**
 Surface Material: **TBD**
 Riser: **+5" 40' 4"**

Pool Equipment

Filters: **1 Cartridge**
 Pumps: **1 FLOPRO VS**
 Heaters: **400,000**

Project Info

Project Name: **Seminole**
 Client Name: **Brent Watkins Construction**
 Address: **7022 Seminole Dr.**
 City: **Belle Isle**
 State/Province: **FL**
 Zip/Postal Code: **32812**
 Designer Name: **Michael Koehler**



Ron DeSantis, Governor

Halsey Beshears, Secretary



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

ELECTRICAL CONTRACTORS LICENSING BOARD

THE ELECTRICAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES



MARK, BRIAN A

PLATINUM ELECTRIC LLC
3530 CORONET AVE.
ORLANDO FL 32833

LICENSE NUMBER: EC13005813

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

	2020	EXPIRES 9/30/2021	
1802 CERT ELECTRICAL CON	\$30.00	1 EMPLOYEE 5000 BUSINESS OFFICE	\$30.00

1802-1034536
1 EMPLOYEE |

TOTAL TAX	\$60.00
PREVIOUSLY PAID	\$60.00
TOTAL DUE	\$0.00

MARK BRIAN ALAN

PLATINUM ELECTRIC LLC
3530 CORONET AVE
ORLANDO FL 32833-3950

20833 MARLIN ST (MOBILE)
U - ORLANDO, 32833

PAID: \$60.00 0098-00971825 9/24/2020

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

This local Business Tax Receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

	2020	EXPIRES 9/30/2021	
1802 CERT ELECTRICAL CON	\$30.00	1 EMPLOYEE 5000 BUSINESS OFFICE	\$30.00

1802-1034536
1 EMPLOYEE |

TOTAL TAX	\$60.00
PREVIOUSLY PAID	\$60.00
TOTAL DUE	\$0.00



MARK BRIAN ALAN

PLATINUM ELECTRIC LLC
3530 CORONET AVE
ORLANDO FL 32833-3950

20833 MARLIN ST (MOBILE)
U - ORLANDO, 32833

PAID: \$60.00 0098-00971825 9/24/2020

This receipt is official when validated by the Tax Collector.

Orange County Code requires this local Business Tax Receipt to be displayed conspicuously at the place of business in public view. It is subject to inspection by all duly authorized officers of the County.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/23/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Sihle Insurance Group, Inc. 1300 S. Woodland Blvd. Deland FL 32720		CONTACT NAME: Certificate Department PHONE (A/C No. Ext): 407-869-5490 E-MAIL ADDRESS: Certificates@sihle.com	
INSURED Platinum Electric LLC 3530 Coronet Avenue Orlando FL 32833		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Main Street America Protection Insurance	NAIC # 13028
		INSURER B: Mercury Insurance Company	27553
		INSURER C: Bridgefield Employers Insurance Company	10701
		INSURER D:	
		INSURER E:	
		INSURER F:	


COVERAGES **CERTIFICATE NUMBER: 1624115828** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL RSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MPG8850G	9/14/2020	9/14/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BA090000009541	11/3/2019	11/3/2020	COMBINED SINGLE LIMIT (Ea accident) \$100,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$10,000 EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						
C	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	083048469	7/5/2020	7/5/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Brian Mark - Certified Electrical Contractor License #EC13005813

CERTIFICATE HOLDER **CANCELLATION**

City of Belle Isle 1600 Nela Avenue Belle Isle FL 32809	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	---