

TECH SUPPORT POOL SHEET

Pool Owner Information (required): Referred By: _____
Last Name: _____ First Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Day Phone: _____ Fax: _____ Email: _____

Pool Company Information (if known): Circle One: Builder Plasterer Service
Company: _____ Contact Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Day Phone: _____ Fax: _____ Email: _____

Staining Description:

What else have you tried?:

General Pool Information:
Gallons: _____ Pool Finish: _____ Filtration: _____ Heater: _____ Bypassable?: _____
What is used to sanitize the pool?: _____ Sanitizer Brand: _____

Water Chemistry: Today's Date: _____ Water Balance Reading Date: _____
Free Chlorine: _____ Total Chlorine: _____ pH: _____ Alkalinity: _____ Calcium Hardness: _____
Cyanuric Acid: _____ Sequest: _____ TDS: _____ Copper: _____ Iron: _____

Topical Reactions:

Notes/Recommendations: _____ **By:** _____