

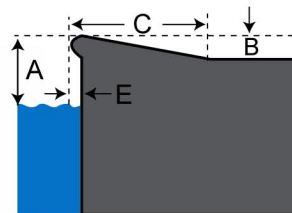
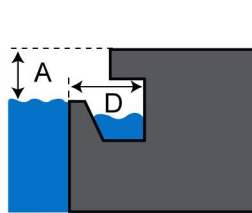
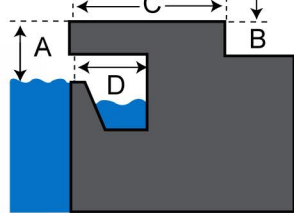
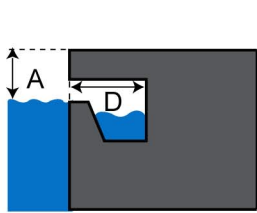
# pool lift deck profile sheet\*

\*Deck profile form must accompany your pool lift order.

1. Preferred Lift:  PAL  Splash!  aXs  multiLift

2. Gutter Configuration:

Fully recessed gutter  Fully recessed gutter w/parapet  Partially recessed gutter  Bull Nose Coping



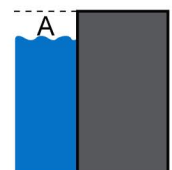
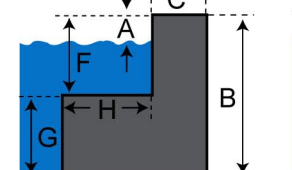
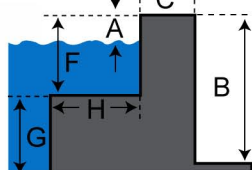
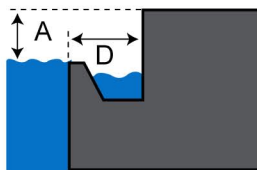
Rollout gutter

Flush gutter and deck w/ or w/o bullnose

Above ground spa

In ground spa

Standard backyard pool



If none of the images above match your gutter configuration, please draw the shape on a separate piece of paper and attach.

3. Deck Material (check one):  Concrete  Pavers

4. Distance from pool deck to water line (A): \_\_\_\_\_

**If applicable:**

5. Height of curb (B): \_\_\_\_\_

6. Width of curb (C): \_\_\_\_\_

7. Width of gutter (D): \_\_\_\_\_

8. Bull Nose Radius (E): \_\_\_\_\_

9. Depth of seat (F): \_\_\_\_\_

10. Spa seat to floor (G): \_\_\_\_\_

11. Width of seat (H): \_\_\_\_\_

12: Decorative stone setback: \_\_\_\_\_

Check this box to confirm that you have checked to make sure the location of the lift will meet the ADA Clear Deck Space Requirement (1009.2.3):

"On the side of the seat opposite the water; a clear deck space shall be provided parallel with the seat. The space shall be 36" wide minimum and shall extend forward 48" minimum from a line located 12" behind the rear edge of the seat."

Note: Pool lifts are application specific. Please provide accurate measurements for your pool in the space provided. S.R.Smith will confirm that the lift selected will meet the location and installation requirements based on the ADA Design Standards (2010) or suggest an alternative lift that will meet the requirements. S.R.Smith bears no responsibility due to misapplication of a lift without a completed Deck Profile Sheet on record.

**Fax this completed form to poolsupplyunlimited @ (888)648-5677 or email to sales@poolsupplyunlimited.com**

Name of Distributor Lift Will Be Purchased From: **PoolSupplyUnlimited.com (888)836-6025** City: **Ontario** State: **CA**

Your Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Project Name: \_\_\_\_\_ PO Number: \_\_\_\_\_

PoolSupplyUnlimited.com  
Phone: (888)836-6025 Fax: (888)648-5677  
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