Pool Adjustment Form

BERKELEY COUNTY PSSD
POOL ADJUSTMENT

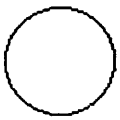
Account Number _____ Account Name _____

Service Location _____

Type of Pool being filled: _____ Round _____ Rectangle
_____ Square _____ Other

Date Pool to be filled: _____

How is pool drained? _____



Diameter

PLEASE SPECIFY POOL DIMENSIONS

a. Diameter of Pool _____
b. Depth of Fill _____

Calculate: 3.14 x a x a x 7.5 x b then Divide by 4

TOTAL GALLONS _____

Rectangle or Square

a. Length of Pool _____
b. Depth of Fill _____
c. Width of Pool _____

Calculate: a x 7.5 x b x c

TOTAL GALLONS _____

Certify that the above information has been provided by me, to the best of my knowledge.

_____
Customer Signature