

Pool or Spa Plan Review Questionnaire

Establishment Name		E-mail	
Owner's Name		Phone #	
Physical Address			
Mailing Address			
City, State, Zip			

Please complete and return the following questionnaire along with the layout plan (drawn to at least a minimum scale of 1/4" = 1 foot) at least 30 days prior to the beginning of any construction.

Estimated Completion Date:

1. Type of Establishment: Hotel Specialty Resort Campground
2. Type of pool: Pool Spa Wading Pool Sprayground Other: _____
Note: Please complete a separate questionnaire for each pool, spa or circulation system. Questionnaire is not needed for a hot tub.
3. Location of pool: Indoor Outdoor
4. If outdoor, is there an effective surrounding barrier not less than 4 ft. high? Yes No N/A
5. Special water features (if any): Spray Slide Diving Board Other: _____
6. Describe the size, shape, and construction material for your pool / spa: _____

7. Pool volume: gallons Pool surface area: sq.ft.
 Turnover time: hours

8. Number of inlets (returns): Main drain grate area: sq.in.
9. Overflow: Gutters Skimmers Main hydrostatic relief valve: Yes No
10. Does the pool/spa comply with the Virginia Graeme Baker Pool & Spa Safety Act? Yes No

11. Number of recirculation pumps: Pump(s) capacity: gpm. gpm.
12. Is a strainer (with spare basket) provided for each pump? Yes No N/A
13. Is the circulation system equipped with a flow measuring device? Yes No

14. Type of filtration: Number of filters:

A. Filter information: Make: Model: Rate:

B. Does the filter feature differential gauges? Yes No

C. Is the filter backwash discharged through an air gap to the sanitary sewer? Yes No

15. How is make-up water added?

Note: Indicate if automatic or manual, private or public water etc...all portions of the water distribution system serving the pool or spa and auxiliary facilities must be protected from backflow and back-siphonage.

16. Disinfection used: Hypochlorite Bromine Dichlor Trichlor Other

Note: If Cl₂ gas is used, addition information will be needed.

17. How is your chemical disinfectant added?

A. Disinfection information: Make: Model:

B. Dosing rate range (min-max): PPM

C. If a supplemental disinfectant system is used indicate type:

18. Automatic method of pH control? Yes No

A. If yes, feeder info.: Make: Model: Rate:

19. Will lifeguards be on duty during hours of operation? Yes No N/A

20. Will a bathhouse be provided? Yes No N/A

21. Is adequate overhead and underwater lighting provided? Yes No N/A

22. Will a pool cleaning system be provided? Yes No N/A

23. Are pool depth markings readily observable? Yes No N/A

24. Does the deck slope away from the pool and provide adequate drainage? Yes No N/A

25. Will swimming regulations and/or warning signs be posted? Yes No N/A

26. Is life saving equipment provided? Yes No N/A

A. If yes, please describe: _____

27. Will a chemical test kit be available? Yes No

A. Chemical Test Kit: Make: Model:

28. Has/will the pool operator attended a pool operators training course? Yes No

Note: Strongly recommended.

A. If yes, please describe:

29. List the certified laboratory that operator plans to use for bacteria testing:

Please note the American's with Disabilities Act (ADA) regulations are to be followed for all facilities. ADA requirements are regulated and enforced by the US Department of Justice. For more information, please call the ADA hotline at 1-800-514-0301 or visit their website at <http://www.ada.gov/>

SEND YOUR COMPLETED QUESTIONNAIRES TO:
Office of Health Protection
600 East Capitol Ave
Pierre, SD 57501-1700
Phone (605)773-4945
Fax (605) 773-5683
www.doh.sd.gov