

Pool or Spa Plan Review Questionnaire

Establishment Name			
Location			
Mailing Address			
City, State, Zip			
Owner's Name		Phone #	
Est. Completion Date			

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 .

1. Type of Establishment: Hotel Specialty Resort Bed & Breakfast

Campground Vacation Home

2. Type of Facility: Indoor Pool Outdoor Pool Spa

Note: Please complete a separate questionnaire for each pool or spa. For pools, please enclose construction plans.

3. Water Capacity: Gallons

4. Describe the size, shape and construction material for your pool / spa: _____

5. Number of Inlets:

6. Type of Outlets: Gutters Skimmers Total Number:

A. Is the main drain and other submerged outlets protected by entrapment proof grates? Yes No

7. Number of Pumps: **HP Rating:** **GPM:**

A. Are two strainer baskets provided for each pump? Yes No

8. Type of filtration: **Number of filters:**

A. Filter model: **Make:** **Model:**

B. Does the filter feature differential gauges? Yes No

C. Is a rate-of-flow indicator provided? Yes No

D. Is the filter backwash wasted to the sanitary sewer? Yes No

9. How is make-up water added?

Note: All portions of the water distribution system serving the pool or spa and auxillary facilities must be protected from backflow and back-siphonage.

10. Type of disinfection and chemical used:

11. How is your chemical disinfectant added?

A. If injected, indicate make and model.

B. Rated capacity:

12. Safety Features for gas chlorination:

Separate Room Positive Ventilation Cylinder restraints Gas Mask

A. Source of water for gas chlorinator:

13. Method of pH control:

A. Rated capacity:

Indicated setting:

14. Are toilet/lavatory and shower fixtures provided for each sex?

Yes No

15. Are liquid soap dispensers provided for showers and lavatories?

Yes No

16. Is warm water supplied to showers and lavatories?

Yes No

17. Are pool depth markings readily observable?

Yes No

18. Is a fence provided to enclose the swimming area?

Yes No

19. Does the deck slope away from the pool and provide adequate drainage?

Yes No

20. Are swimming regulations posted?

Yes No

21. Is life saving equipment available?

Yes No

A. If yes, please describe:

22. Is a chemical test kit available?

Yes No

A. Chemical Test Kit:

Make:

Model:

23. Is an operational pool vacuum cleaner available?

Yes No

24. Is there a wading pool?

Yes No

A. Does it recirculate?

Yes No

B. If yes, number of inlets / outlets:

Number of Inlets:

Number of Outlets:

C. Is the main drain and other submerged outlets protected by entrapment proof grates?

Yes No

25. Has the pool operator attended a pool operators training course?

Yes No

A. If yes, please describe:

SEND YOUR COMPLETED QUESTIONNAIRES TO:

Office of Health Protection
615 E Fourth Street
Pierre, SD 57501-1700
Phone (605)773-4945
Fax (605) 773-6667
www.doh.sd.gov