



16. Disinfection used: Hypochlorite  Bromine  Dichlor  Trichlor  Other

Note: If Cl<sub>2</sub> 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](http://www.doh.sd.gov)