Pool or Spa Plan Review Questionnaire

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<td>Owner’s Name</td>
<td>Phone #</td>
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<td>Physical Address</td>
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<td>Mailing Address</td>
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<td>City, State, Zip</td>
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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): Sprayer ☐ 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.

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: __________________________________________

   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, additional 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