# Pool or Spa Plan Review Questionnaire

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<th>Establishment Name</th>
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<tr>
<td>Owner’s Name</td>
<td>Phone #</td>
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<td>Physical Address</td>
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<tr>
<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):**
   - 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.

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:**
    **Make:**
    **Model:**
    **Rate:**

   **Note:**
   - A. Filter information: Make:
   - B. Does the filter feature differential gauges?
   - C. Is the filter backwash discharged through an air gap to the sanitary sewer?

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?

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?

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?

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