

# Pool or Spa Plan Review Questionnaire

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

**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

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:

Cylinder restraints  Gas Mask  Positive Ventilation  Separate Room

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













































