



Aquatic Venue Pool/Spa Equipment Replacement Review Form

Public and semi-public swimming pools and spas must be designed and built to the standards set in 675 IAC 20 as well as meet all of the requirements set forth in 410 IAC 6-2.1. The operation of the pool and/or spa must follow 410 IAC 6-2.1 as well as Allen County Code, Title 10 Article 5 (Public & Semi-Public Swimming Pool & Spa Operations). This equipment replacement review form is to assist the Allen County Department of Health staff in conducting a thorough plan review of the proposed equipment replacement to help ensure it/they will comply with the applicable rules to protect the health and safety of swimmers. Please complete the following information accurately and completely.

PLEASE FILL OUT A QUESTIONNAIRE FOR EACH TYPE OF POOL/SPA THAT WILL HAVE EQUIPMENT REPLACED AT THE AQUATIC VENUE.

Type of Pool/Spa (Check the type of pool/spa below that is being reviewed for this review form):

Diving Pool _____ Pool without Wading Area _____
Pool with Wading Area Attached (< 2 ft. depth) _____ Wading Pool _____
Wave Pool _____ Zero Depth Pool _____
Therapy Pool _____ Spa _____
Other (please describe): _____

Name of Venue: _____

Venue Address: _____
Street Address City State Zip Code

Owner Name: _____ **Phone Number:** _____

Mailing Address: _____
Street Address City State Zip Code

Email Address: _____ **Fax Number:** _____

If owned by a corporation, please provide: **Resident Agent Name:** _____ **Phone:** _____

Pool Contractor Name: _____ **Phone Number:** _____

Mailing Address: _____
Street Address City State Zip Code

Email Address: _____ **Fax Number:** _____

Equipment being replaced: _____

Please Provide the Following Information on the Swimming Pool/Spa Design		Office Use: Meets Code?
Shape of the pool/spa (Check one):	Rectangular Oval Kidney Other: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Pool dimensions:	Length: _____ ft. Width: _____ ft.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Pool volume:	_____ gallons	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Pool depths:	Shallow: _____ ft. Deep: _____ ft. Average Depth: _____ ft.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Pool surface area:	Area less than 5 ft. deep: _____ sq. ft. Area greater than 5 ft. deep: _____ sq. ft. Total Surface Area: _____ sq. ft.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Pool Flow Rate:	_____ gpm	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Pool Turnover rate (minimum requirements listed below): Spa 30 minutes Wading pools 1 hour Pools with wading areas 2 hours Wave pools 2 hours Zero depth pools 2 hours Competition pools 6 hours Diving pool 12 hours All other pools 6 hours	_____ hours	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Please Provide the Following Information on the Recirculation Pump		Office Use: Meets Code?
Recirculation Pump Information		
Manufacturer:	_____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Model #:	_____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Please Provide the Following Information on the Filtration System		Office Use: Meets Code?
Filter Information		
Manufacturer:	_____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

Model #:	_____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Is the filter NSF-Approved?	Yes No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Type (<i>rapid sand, DE, cartridge, etc.</i>):	_____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Square feet of filter area:	_____ sq. ft.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Number of filters:	_____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Is a flow meter provided?	Yes No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Is a sight glass provided?	Yes No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Please Provide the Following Information on the Disinfection System		Office Use: Meets Code?
Type and form of primary disinfectant:	Chlorine Bromine Solid Liquid Gas Other: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Disinfection feeder:	Manufacturer: _____ Model #: _____ NSF Approved? Yes No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Chemical Feeder:	Manufacturer: _____ Model #: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Is a chemical feeder provided to control pH?	Yes No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Is a chemical feeder for caustic soda or CO₂?	Yes No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Are chemical and disinfection feeders equipped to automatically shut off when water flow is interrupted?	Yes No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Is a separate chemical storage area provided?	Yes No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Is a secondary disinfection method provided?	Yes No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

If so, what type of secondary disinfection method?	Ozone UV Light	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
--	---------------------	--

I hereby attest that the information I have provided on the above application is accurate and complete to the best of my knowledge. I also understand and agree to comply that if the plans/specifications for the pools/spas are changed from what I have provided above, I will submit these revisions to the Allen County Department of Health for any needed review/approvals prior to installation.

Architect/Engineer Signature

Stamp

----- **OFFICE NOTES** -----
