



Aquatic Venue Interactive Water Feature Plan Review Questionnaire
WE HIGHLY RECOMMEND THAT YOU SUBMIT A FULL SET OF PLANS WITH THE QUESTIONNAIRE
(CAN BE ON PAPER OR ELECTRONIC)

Interactive water features 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. Plans must be submitted to the Indiana Department of Homeland Security, Division of Fire & Building Safety, to obtain a Construction Design Release (CDR). A building permit must be obtained from the Allen County Building Department to construct the aquatic venue (interactive water features). The operation of the interactive water feature 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 plan review questionnaire is to assist the Allen County Department of Health staff in conducting a thorough plan review of the proposed interactive water feature to help ensure it 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 THIS QUESTIONNAIRE FOR THE INTERACTIVE WATER FEATURE
THAT WILL BE LOCATED AT THE AQUATIC VENUE.**

Reason for Plan Review (*Check one*): New Remodel Addition

Type of Water Feature (*Place a check next to the type of water feature that will be located at the aquatic venue*):

Interactive Water Attraction with Wading Area
Splash Pad with Recirculating Water
Other (please describe): _____

Interactive Water Attraction without Wading Area
Splash Pad that Drains to Waste

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: _____

Architect/Engineer Name: _____ **Phone Number:** _____

Mailing Address: _____
Street Address City State Zip Code

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

General Contractor Name: _____ **Phone Number:** _____

Mailing Address: _____
 Street Address City State Zip Code

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

Water Feature Contractor Name: _____ **Phone Number:** _____

Mailing Address: _____
 Street Address City State Zip Code

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

Which Public Water Supply will service this Venue: _____

Venue Connected to Sewer or Septic System (Check one): Sewer Septic System

Please Provide the Following Information on the Proposed Water Feature		Office Use ONLY: Meets Code?
If the water feature is a splash pad, is it a recirculating system or drain-to-waste?	Recirculating <input type="checkbox"/> Drain-to-waste <input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Volume of water tank for recirculating systems:	_____ gallons	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Water feature depths:	Shallow: _____ ft. Deep: _____ ft. Average Depth: _____ ft.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Water feature flow rate:	_____ gpm	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Water feature turnover rate (must be 30 minutes):	_____ minutes	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Is a rinse shower within 300 feet of the water feature?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Please Provide the Following Information on the Restrooms (For a splash pad, only a unisex restroom is required.)		Office Use ONLY: Meets Code?
Are the restrooms within 300 feet from the water feature?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Are all fixtures including a sink, toilet and/or urinal, and diaper changing station in the restroom shown on the plans?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

Is soap in non-glass dispensers provided at/in sinks?	Yes No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Are single-use towels or hand dryers provided near sinks?	Yes No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Is the shower water temperature set to not exceed 120°F to prevent scalding?	Yes No Not applicable	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Is one or more drinking fountain present?	Yes No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Please Provide the Following Information on Outlets (For a recirculating system.)		Office Use ONLY: Meets Code?
Is a proper air gap or backflow prevention device used to prevent a cross connection(s) between the source water and feature water or waste water?	Yes – Specify: _____ No – Specify: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Please Provide the Following Information on the Filtration System (For a recirculating system.)		Office Use ONLY: 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 (rapid sand, DE, cartridge, etc.):	_____	<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 (For a recirculating system.)			Office Use ONLY: Meets Code?
Type and form of primary disinfectant:	Chlorine Solid Other: _____	Bromine Liquid Gas	<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 present for caustic soda or CO ₂ ?	Yes No		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Is electronic monitoring equipment provided that will shut off the spray nozzles/water feature when the chemical disinfectant residual falls below the acceptable level?	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? (UV light is required for interactive water features and recirculating splash pads.)	Yes No		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Please Provide the Following Information on Signage (All signage must be verbatim as stated in 410 IAC 6-2.1-36.) (Please check "Yes" or "No" in response to the following questions.)			Office Use ONLY: Meets Code?
All letters in "DANGER – HAZARDOUS CHEMICALS" must be <u>4 inches high</u> and posted on or adjacent to the entrances to the pool chemical feed and chemical storage rooms. Will your planned signage meet this requirement?	Yes No		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
User sanitation and safety rules must be posted on signs with <u>all letters at least 1 inch high</u> and near the water feature (see 410 IAC 6-2.1-36 (b) for the exact rules). Will your planned signage meet this requirement?	Yes No		<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/water features/spas are changed from what I have provided above, I will submit these revisions to the Allen County Health Department for any needed review/approvals prior to installation.

Architect/Engineer Signature

Stamp