



# Tippecanoe County Health Department

Foods & Environmental  
20 N 3rd Street  
Lafayette, IN 47901  
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Jeremy P Adler, Health Officer  
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## Aquatic Venue Plan Review Questionnaire

**WE HIGHLY RECOMMEND THAT YOU SUBMIT A FULL SET OF PLANS WITH THE QUESTIONNAIRE (CAN BE ON PAPER OR ELECTRONIC)**

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. 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 Building Department to construct the aquatic venue (pools, and/or spas). The operation of the pool and/or spa must follow 410 IAC 6-2.1 as well as Tippecanoe County Ordinance 2018-16-CM and 675 IAC 20-2 Public Swimming Pools. This plan review questionnaire is to assist the Tippecanoe County Health Department staff in conducting a thorough plan review of the proposed pool(s) and/or spa 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 SEPERATE QUESTIONNAIRE FOR EACH TYPE OF POOL/SPA THAT WILL BE LOCATED AT THE AQUATIC VENUE.**

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

**Fee: Plan Review fee is \$150.00. Please make checks payable to the Tippecanoe County Health Department.**

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

- |  |   |
|--|---|
| Diving Pool <input type="checkbox"/>                                   | Pool without Wading Area <input type="checkbox"/> |
| Pool with Wading Aea Attached ( < 2ft. depth) <input type="checkbox"/> | Wading Pool <input type="checkbox"/>              |
| Wave Pool <input type="checkbox"/>                                     | Zero Depth Pool <input type="checkbox"/>          |
| Therapy Pool <input type="checkbox"/>                                  | Spa <input type="checkbox"/>                      |
| 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:** \_\_\_\_\_

**Architect/Engineer Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street Address City State Zip Code

**Email Address:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Pool 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 Swimming Pool/Spa Design		Office Use ONLY: Meets Code?
<b>Shape of the pool/spa (Check one):</b>	<input type="checkbox"/> Rectangular <input type="checkbox"/> Oval <input type="checkbox"/> Kidney Other: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Pool dimensions:</b>	Length: _____ ft. Width: _____ ft.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Pool volume:</b>	_____ gallons	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Pool depths:</b>	Shallow: _____ ft. Deep: _____ ft. Average Depth: _____ ft.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Pool surface area:</b>	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
<b>Pool Flow Rate:</b>	_____ gpm	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Pool Turnover rate (minimum requirements listed below):</b> 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	_____ hours	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

All other pools	6 hours		
<b>Maximum pool bather load:</b>	_____		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Is a safety float line or safety marking line provided to separate the shallow area defined as five (5) feet or less from the deeper pool area?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Please Provide the Following Information on the Proposed Depth Markings on the Pool Deck and Inside the Pool</b>			<b>Office Use ONLY: Meets Code?</b>
<b>Size of the depth markings:</b> <i>(Note - Must be at least 4 in. high)</i>	_____ in.		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Are the depth markings non-slip?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Are the depth markings a contrasting color?</b> <i>(Depth shall be marked on the vertical walls at or above the water surface and on the top of the coping or walk next to the pool. Depth markers on the deck shall be within 18 inches of the water's edge and positioned to be read while on the deck facing the water. Depth shall be marked at the minimum and maximum depths and at all points of slope change at increments no greater than 2 feet. If depth markings cannot be placed on the vertical walls at or above the water level, other means shall be used which are visible from the centerline of the pool.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Please Provide the Following Information on the Barrier Protection</b>			<b>Office Use ONLY: Meets Code?</b>
<b>Minimum height of the barrier (fencing, wall, etc.) and gate/door:</b> <i>(Must be 6 feet tall)</i>	_____ ft.		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Does barrier allow the passage of a 4 inch diameter sphere?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Are all doors or gates that allow access into the pool/spa enclosure self-closing and self-latching?</b> <i>(Note: All doors and gates allowing pool/spa users to enter the enclosure must be self-closing and self-latching unless the facility has an attendant at the access points during all hours of operation.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Are the gates and doors lockable during periods of non-use?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Please Provide the Following Information on the Restrooms and Locker Rooms</b>			<b>Office Use ONLY: Meets Code?</b>

Are the restrooms within 300 feet from the pool/spa?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Are all fixtures including sinks, toilets, urinals, showers, and diaper changing stations in the locker room, shower, and toilet areas shown on the plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Is soap in non-glass dispensers provided at/in sinks and showers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Are single-use towels or hand dryers provided near sinks?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Is one or more drinking fountain present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Please Provide the Following Information on Outlets</b>		<b>Office Use ONLY: Meets Code?</b>
<b>Main Drain Cover Information:</b> Are the main drain covers compliant with ASME A112.19.8 and Virginia Graeme Baker Pool and Spa Safety Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date for Drain Covers: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Manufacturer:</b>	_____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Model #:</b>	_____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Square inches of opening per drain cover:</b>	_____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Are specification sheets provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Number of main drains:</b> <i>(Note – Two or more drains required)</i>	_____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Are main drains located at least 3 feet apart?	<input type="checkbox"/> Yes <input type="checkbox"/> No Distance: _____ ft. apart	<input type="radio"/> Yes <input type="radio"/> No

		<input type="radio"/> N/A
Are main drains designed so that if one drain is blocked, the remaining main drains are rated to at least 100% of maximum pump flow?	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Is a proper air gap or backflow prevention device used to prevent a cross connection(s) between the source water and pool water or waste water?	<input type="checkbox"/> Yes – Specify: _____ <input type="checkbox"/> No – Specify: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Please Provide the Following Information on the Filtration System</b>		<b>Office Use ONLY: Meets Code?</b>
<b>Filter Information</b>		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Is a sight glass provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Please Provide the Following Information on the Disinfection System</b>		<b>Office Use ONLY: Meets Code?</b>
Type and form of primary disinfectant:	<input type="checkbox"/> Chlorine <input type="checkbox"/> Bromine <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Other: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Disinfection feeder:	Manufacturer: _____ Model #: _____ NSF Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
		<input type="radio"/>

<b>Chemical Feeder:</b>	Manufacturer: _____ Model #: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Is a chemical feeder provided to control pH?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Is a chemical feeder for caustic soda or CO<sub>2</sub>?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Are chemical and disinfection feeders equipped to automatically shut off when water flow is interrupted?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Is a separate chemical storage area provided?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Is a secondary disinfection method provided?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>If so, what type of secondary disinfection method?</b>	<input type="checkbox"/> Ozone <input type="checkbox"/> UV Light	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Please Provide the Following Information on Signage (All signage must be verbatim as stated in 410 IAC 6-2.1-36.)</b>		<b>Office Use ONLY: Meets Code?</b>
<b>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?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Whenever the pool area is open for use and no lifeguard service is provided, warning signs shall be placed in plain view at the entrances &amp; inside the pool area that state in <u>all 4 inch letters</u> "Warning–No Lifeguard on Duty". In addition, the signs shall also state in clearly legible letters at least <u>2 inches high (all letters)</u>, "No Swimming Alone. Children Under 14 Years of Age and Non-swimmers Shall Not Use the Pool Unless Accompanied by a Responsible Adult." Will your planned signage meet this requirement?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>When the pool is not open for use, a sign shall be posted stating in <u>all 4 inch letters</u> "POOL CLOSED". Will your planned signage meet this requirement?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>A sign stating in <u>all 4 inch letters</u> "No Diving" shall be posted at non-diving areas and at portions of the pool that are 5 feet deep or less. "No Diving" signs are not required at spas or wading pools. Will your planned signage meet this requirement?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>User sanitation and safety rules must be posted on signs with <u>all letters at least 1 inch high</u> and within the pool</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

enclosure (see 410 IAC 6-2.1-36 (b) for the exact rules). Will your planned signage meet this requirement?		
Spa pool rules (410 IAC 6-2.1-36 (c)) with <u>all letters at least 1 inch high</u> must be added to the user sanitation and safety rules (see 410 IAC 6-2.1-36 (b) for the exact rules). Will your planned signage meet this requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Pools shall have a sign with <u>all letters at least 1 inch high</u> stating the maximum bather load posted within the pool enclosure. Will your planned signage meet this requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Address of aquatic venue must be posted by emergency telephone. Will your planned signage meet this requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Please Provide the Following Information on Emergency Equipment</b>		<b>Office Use ONLY: Meets Code?</b>
<b>Location of emergency telephone:</b> <i>(Per 410 IAC 6-2.1-34(e), the telephone must be located within 200 feet of the pool enclosure and must be available for emergency use whenever the pool is open for use, with the facility location and emergency telephone numbers posted within view.)</i>	_____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Location of 24 unit first aid kit and 2 blankets:</b>	_____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
For pools with a surface area of 2,000 sq.ft. or more, rescue tube or buoy must be provided for each lifeguard. Will your planned equipment to be provided meet this requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Will a spine board with straps and head immobilizer be provided as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Will a life pole or shepherd's crook type of pole with minimum length of 12 ft. and ring buoy be provided as required?	<input type="checkbox"/> Yes <input type="checkbox"/> 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/spas are changed from what I have provided above, I will submit these revisions to the Tippecanoe County Health Department for any needed review/approvals prior to installation.***

\_\_\_\_\_  
Architect/Engineer Signature

\_\_\_\_\_  
Stamp

**OFFICE NOTES**

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