WABASH COUNTY HEALTH DEPARTMENT

79 West Main Street, Wabash, Indiana 46992
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SWIMMING POOL FEES
$200.00 - Calendar Year
$100.00 - Seasonal
25% Late Fee *(After January 31)*

POOL AND SPA REGISTRATION

Facility Name: _____ Phone: (____) _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

Pool Administrator _____ Contact Number: (____) _____

Certified Operator _____ Contact Number: (____) _____

Pool Manager _____ Contact Number: (____) _____

Pool/Spa Owner _____ Contact Number: (____) _____

☐ Year Round ☐ Seasonal (list opening and closing dates) ___/___/___ TO ___/___/___

Daily Schedule of Hours of Operation:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Please list special or holiday hours is applicable: _____

Year facility was built: _____ Any facility updates? If so, list the year: _____

Diving features? ☐ Yes ☐ No Number of diving features: _____

Any other water features? ☐ Yes ☐ No Please list water features: _____

Surface area of pool/spa _____ Volume of pool/spa _____ Bather Load _____
Length x Width *Area x Average Depth x 7.5*

POOL AND SPA FILTRATION / CIRCULATION

Filter Type: ☐ Rapid Sand ☐ Pressure D.E. ☐ High Rate Speed ☐ Pressure Cartridge
☐ Vaccum Sand ☐ Vaccum D.E. ☐ Regenerative D.E. ☐ Vaccum Cartridge

Filter Brand: _____ Design Flow Rate = _____
gpm/ft2

Turnover Rate: _____ (Pool Volume (gallon) + Flow Rate ÷ 60 min / hour)

Number of main drains: _____ What method is used to remove surface water? ☐ Gutter ☐ Skimmer

POOL AND SPA FILTRATION / CIRCULATION (Cont.)

Does your pool/spa utilize a collection or a balance tank? ☐ Yes ☐ No

Does your pool/spa utilize a flow meter? ☐ Yes ☐ No

What is the average water temperature of your pool/spa? _____

When not in use, does your pool/spa utilize a cover? ☐ Yes ☐ No If yes, what type? _____

Does your pool/spa utilize a heater system? ☐ Yes ☐ No

If yes, what type? ☐ Gas ☐ Electric ☐ Solar ☐ Heat Pump

POOL AND SPA CHEMICALS

Please list all chemicals stored on premises:

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

Where are the chemicals stored? _____ Is this area locked and secure? ☐ Yes ☐ No

Does your facility keep a Daily Operation Log? ☐ Yes ☐ No

Do you have all Material Safety Data sheets for all chemicals used at the pool/spa? ☐ Yes ☐ No
Where are they stored? _____

Does your facility use? ☐ Chlorine ☐ Bromine If Chlorine, what form? _____

How often do you test the Ph and disinfectand residule? _____
List what time(s) approximately: _____

How often to you test for combined Chlorine? _____ On which days? _____

How often do you test for total alkalinty? _____ On which days? _____

Do you use Cyanuric Acid? ☐ Yes ☐ No How often do you test for Cyanuric Acid? _____

What test kit do you use to test you chemical levels? _____
Test strips not allowed

How often are bacteriolical examinations performed of the water? _____
What lab do you currently use to perform this? _____

Please note that all water sample reports must be submitted to the local health department in accordance of 410 IAC 6-

WATER SUPPLY

Does your facility utilize public water or well water? _____

Does you facility utilize public sewer or onsite sewage disposal system? _____

Where are your sanitary facilities located? ☐ Pool Side ☐ Within 200' ☐ Within 300' ☐ Other _____

In the women's restroom, how many are available? Lavatories _____ Shower Stalls _____

In the men's restroom, how many are available: Lavatories _____ Urinals _____ Shower Stalls _____

LIFE SAVING AND SAFETY EQUIPMENT

Please list all life saving equipment and quantity available at your facility.

Equipment	Quantity	Equipment	Quantity	Equipment	Quantity
Equipment	Quantity	Equipment	Quantity	Equipment	Quantity
Equipment	Quantity	Equipment	Quantity	Equipment	Quantity
Equipment	Quantity	Equipment	Quantity	Equipment	Quantity

Do you have first aid kits available? ☐ Yes ☐ No Located where: _____

Where is the telephone(s) located at your facility? _____

Do you have a transition line defining the shallow area from the deeper pool area? ☐ Yes ☐ No

How many qualified lifeguards does your facility employ? _____
How many are on duty during operational hours? _____
If number depends on day/hour, please define: _____

Please submit a copy of current nationally recognized certification in lifeguard training, adult/infant/child cardiopulmonary resuscitation and first aid certificates for each qualified lifeguard employed at your facility for our records

Does your facility have an injury/incident report form? ☐ Yes ☐ No

* Note any injury/illness reports shall be forwarded to the Wabash County Health Department within 10 days of occurrence. 410 IAC 6-2.1-38C

MISCELLANEOUS QUESTIONS

Is food and drink permissible at your facility? ☐ Yes ☐ No

Is food and drink permissible poolside at your facility? ☐ Yes ☐ No

Please list any questions or concers that you have have. _____