

# WABASH COUNTY HEALTH DEPARTMENT

89 West Hill 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 residue? \_\_\_\_\_  
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 bacteriological 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 6-2**

## 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 concerns that you have have. \_\_\_\_\_

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