

BOONE COUNTY HEALTH DEPARTMENT

116 W. WASHINGTON STREET - LEBANON, IN 46052

www.boonecounty.in.gov

ENVIRONMENTAL DIVISION
SUITE B201
(765) 483-4458
(765) 483-5243 FAX



NURSING & VITAL RECORDS DIVISION
SUITE B202
(765) 482-3942
(765) 483-4450 FAX

*Please answer all of the following questions completely. Should you have any questions, please contact the Boone County Health Department at (765)483-4458

Facility Name: _____ Facility ID#: _____

Facility Address: _____ City: _____

Phone: _____ E-mail: _____

Owner Name: _____

Owner Address: _____

Phone: _____ E-mail: _____

Operator Name: _____

Phone: _____ E-mail: _____

Please list dates of operation of pool: _____

Please list hours of operation of pool: _____

If new construction

Date that plans were approved by the Indiana State Department of Health: _____

Projected Start Date: _____ Completion Date: _____

Please answer the following questions regarding the entire pool and spa facility

Descriptions 410 IAC 6-2.1		Yes	No	N/A
1.	An elevated lifeguard platform or chair is provided. 410 IAC 6-2.1-35(h) <i>*does not apply to a pool less than 2000 square feet*</i>			
2.	There is separation between spectator/visitor areas and the pool or spa bather area. 410 IAC 6-2.1-39			
3.	A telephone is located within 200 feet of the pool or spa. 410 IAC 6-2.1-34(e)			

4.	A removable buoyed transition line is provided for pools with water depths more than five (5) feet. 410 IAC 6-2.1-34(g)			
5.	Public Water Supply ☐ Private Water Supply ☐ Municipal Water Supply Source : _____ Water supply is from a source constructed and operated according to law. 410 IAC 6-2.1-27			
6.	A public sewer system is utilized which is adequate to serve the facility, including bathhouse, locker room, and any other related accommodations. 410 IAC 6-2.1-28			
7.	If a public sewage system is not available, sewage is disposed of in accordance to regulations. 410 IAC 6-2.1-28(e)			
8.	A self-contained positive pressure demand breathing apparatus, with air supply tank, is provided for facilities that use gaseous chlorine. 410 IAC 6-2.1-33			
9.	A test kit is provided to accurately determine the concentration of the disinfectants, pH, alkalinity and cyanuric acid. 410 IAC 6-2.1-30(i) <i>*Orthotolidine may not be used as the disinfectant testing reagent*</i>			
10.	A policy has been established for the collection, bacteriological examination, and reporting of at least 1 sample of each pool or spa water per week whenever the facility is open for use. (One satisfactory sample must be obtained prior to opening.) 410 IAC 6-2.1-31			
11.	A lifeguard is present during all hours of the operation. 410 IAC 6-2.1-35 <i>*does not apply to a pool less than 2000 square feet*</i>			
12.	The facility provides a lifeguard orientation and training program annually and when new guards are employed. 410 IAC 6-2.1-35(e) <i>*does not apply to a pool less than 2000 square feet*</i>			
13.	Proper warning and rule signs are posted. 410 IAC 6-2.1-36			
14.	Operating records are logged daily and are available upon request. 410 IAC 6-2.1-38			
15.	A cleaning program is in place for all pool or spa surfaces, toilet rooms, shower rooms, dressing rooms, equipment rooms, decks and spectator areas. 410 IAC 6-2.1-29(g).			
16.	All multiuse suits and towels furnished to bathers are properly laundered and kept separated from those which have been used and are unlaundered. 410 IAC 6-2.1-41			
17.	Pool water is tested for the following: pH and disinfectant residuals twice daily. Total alkalinity and Cyanuric acid once a week. Combined chlorine twice a week 410 IAC 6-2.1-30(o)			
18.	All chemicals and items in the chemical storage room stored six (6) inches above the floor. 410 IAC 6-2.1-33(b)			
19.	Please note the number of the following required lifesaving and safety equipment: 410 IAC 6-2.1-34 (a), (b), and (d)	Total on Site:		
a.	Ring or throwing buoy with rope (width of pool or not to exceed 45 ft.)			
b.	Life pole or shepherd's crook, with blunted ends and at least 12 feet long			
d.	Spine board with straps and head immobilizer			
e.	First aid kit and two blankets, which is available at all times			

Please answer the following questions regarding each pool

Pool Name: _____ Filter Type: _____ Disinfectant Used: _____ Chemical used for pH control: _____		Yes	No	N/A
1.	Does the pool have an area of more than 2,000 square feet? The actual square footage is _____			
2.	Inner and Outer depth markings are provided. 410 IAC 6-2.1-34(f)			
3.	The recirculation system is designed to maintain and measure the proper turnover rate. 410 IAC 6-2.1-32			
4.	All portions of the water distribution system and drains serving the pool or auxiliary facilities are protected against backflow and backsiphonage. 410 IAC 6-2.1-27(i)			
5.	All sumps, deck drainage systems, and other drainage fixtures or systems are properly trapped and vented to prevent sewer gases and odors from reaching the pool area. 410 IAC 6-2.1-28(d)			
6.	The pool is continuously and automatically disinfected with a chemical that imparts an easily measured, free residual. 410 IAC 6-2.1-30(a)			

If applicable please answer the following questions regarding Spa / Wader

Spa / Wader Name: _____ Filter Type: _____ Disinfectant Used: _____ Chemical used for pH control: _____		Yes	No	N/A
1.	The recirculation system is designed to maintain and measure the proper turnover rate. 410 IAC 6-2.1-32			
2.	All sumps, deck drainage systems, and other drainage fixtures or systems are properly trapped and vented to prevent sewer gases and odors from reaching the pool area. 410 IAC 6-2.1-28(d)			
3.	All portions of the water distribution system and drains serving the spa or auxiliary facilities are protected against backflow and backsiphonage. 410 IAC 6-2.1-27(i)			
4.	The spa / wader is continuously and automatically disinfected with a chemical that imparts an easily measured, free residual. 410 IAC 6-2.1-30(a)			
5.	A thermostatic control for the spa water temperature is provided. 410 IAC 6-2.1-31(b)			
6.	The spa is continuously and automatically disinfected with a chemical that imparts an easily measured, free residual. 410 IAC 6-2.1-30(a)			

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without permission from the Boone County Health Department may nullify final permit approval.

The Boone County Health Department does not guarantee these plans and specifications comply with all applicable state or local regulations.

Signature(s)	Date	Phone
_____	_____	_____
_____	_____	_____
Owner(s) or responsible Representative(s)		

Swimming Pool/Spa Plan Review Fee \$ 100	_____	Check No. _____	Cash _____
Credit _____	Date Paid		