

BURBACH AQUATICS, INC.

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visit us on the web at www.burbachaquatics.com

MEMO

TO: Mount Carroll Aquatic-Recreation Center Committee

Joe Grim, Alderman [Sent: aldermangrim@yahoo.com](mailto:aldermangrim@yahoo.com)

Paul Kaczmarek [Sent: kacz5@hotmail.com](mailto:kacz5@hotmail.com)

Carl Bates, Mayor [Sent: mayorbates@yahoo.com](mailto:mayorbates@yahoo.com)

CC: City of Mount Carroll [Sent: mtcarroll@icwifi.com](mailto:mtcarroll@icwifi.com)

FROM: Roger Schamberger

Duane Wepking

Burbach Aquatics, Inc.

DATE: October 8, 2020

RE: Mount Carroll Aquatic & Recreation Center Survey

Please take this memo as follow up to your City Council meeting of Tuesday, September 22, 2020 approving Burbach Aquatics, Inc. (BAI) Phase I, Step #3 - Public

Survey. The attached survey is for City Council review and consideration at your October 13, 2020 meeting. Please include this in your City Council packet going out today.

Should you have questions or comments, please do not hesitate to contact our office at 608-348-3262. As always, the men and women of BAI look forward to working with you on this important and exciting Community project.

RS/rs

w/att.

COMMUNITY CENTER & SWIMMING POOL SURVEY

The City of Mount Carroll is the beneficiary of a very generous gift from the William J. Davis Trust. Mr. Davis farmed in rural Mount Carroll and was passionate about assisting his Community. A Community Center can help Boost the Local Economy, Keep Adolescents Safe, Provides Meeting Spaces, Promotes Exercise, Boosts Property Values and Attracts Families to your Community.

The City of Mount Carroll is now in the planning stages of determining what the Community's needs are for a new Community Center and Swimming Pool. These facilities will serve the needs of our residents and those within our area. The proposed facilities will be funded in part by the William J. Davis Trust.

The City of Mount Carroll and the Davis Trust - Trustees' need your input and want to hear your voice. The survey results are very important to your Community. Please help us help you and our Community by filling out this important survey and then return it by one of the two options listed below.

First, please tell us about yourself.

1. How long have you lived here?

- 3 years or less _____
- 4-6 years _____
- 7-10 years _____
- 11-19 years _____
- 20+ years _____

2. How many people in each age category live at your residence?

- | | |
|---------------|----------------|
| 0 - 19 _____ | 40 - 49 _____ |
| 20 - 29 _____ | 50 - 59 _____ |
| 30 - 39 _____ | 60+ over _____ |

3. Next, please tell us how you feel about a Community Center Building in Mount Carroll.

- Very important _____
- Important _____
- Somewhat important _____
- Not very important _____
- Not at all important _____
- Don't Know _____

4. What are the primary reasons that you would use a Community Center?
 Please rank in order of importance. 1 = most preferred. Please mark as many as would best fulfill your needs and interest.

- Indoor Walking/Jogging Track _____
- Cardiovascular/Fitness Equipment Areas _____
- Rooms for Recreation Classes & Other Activities _____
- Rooms for Community Meetings & Family Gatherings _____
- Game Room _____
- Weight Lifting & Exercise Areas _____
- Gymnasium for Sports & Events _____
- Climbing Wall _____
- Rooms for Banquets & Catered Events _____
- Cafe/Coffee & Concession Area _____
- Aerobics/Dance Areas _____
- Social Activities Area _____
- (Games, Foosball, Ping Pong, Euchre, etc.) _____
- Day Care for Children _____
- Day Care for Special Needs Relative/Friend _____
- Before School Programs _____
- After School Programs _____
- Pre-School _____
- Adult Programs-Classes-Seminars _____
- Indoor Therapeutic Swimming Pool _____

Other: _____
 Other: _____
 Other: _____

5. Would you or your family use a new Community Center? YES ___ NO ___;
 How often would you anticipate using this facility?
 ___ Daily ___ Weekly ___ Monthly _____ Season (# of times per)

The City of Mount Carroll is in the planning stages of determining what the Community's needs are for a new Swimming Pool. The existing Swimming Pool was constructed in 1958 and a recent Technical Evaluation was completed for the entire facility. This evaluation revealed many issues and Code violations. The pool vessel is cracked and leaking. The pool deck is cracked and needs to be replaced. The pool mechanical system (recirculation & filtration) is undersized and doesn't meet Illinois Department of Public Health (IDOPH) Code requirements. The bathhouse has many Americans with Disabilities Act (ADA) Code violations. The pool electrical system is undersized with no evidence of pump bonding and no Ground Fault Interruption Circuits (GFIC) are found throughout the facility. The 62 year old swimming pool is in need of replacement.

6. Next, please tell us how you feel about a Swimming Pool in Mount Carroll.

- Very important _____
- Important _____
- Somewhat important _____
- Not very important _____
- Not at all important _____
- Don't Know _____

7. Would you or your family use a new Outdoor Swimming Pool? YES ___ NO ___;
 How often would you anticipate using this facility?
 ___ Daily ___ Weekly ___ Monthly ___ Season (# of times per)

8. Would you or your family use a new outdoor swimming pool for any of the following:
 ___ Recreation ___ Competition
 ___ Health Reasons ___ Swimming Lessons
 ___ No Opinion (We will accept more than one answer)

9. Are you aware of the current condition of the Mount Carroll outdoor swimming pool?
 YES ___ NO ___;

10. Should the City of Mount Carroll build a new replacement outdoor swimming pool facility? YES ___ NO ___;

11. In a new outdoor pool facility, which of the following would you favor?
 Please rank your preference. 1 = most preferred. Please mark as many as would best fulfill your needs and interest.

	YES	NO	Order of Preference
Lap swimming lanes	_____	_____	_____
Diving	_____	_____	_____
Waterslide	_____	_____	_____
Climbing Wall	_____	_____	_____
Splash Pad	_____	_____	_____
Zero depth entry	_____	_____	_____
Shade - deck area	_____	_____	_____
Deck games (Bag Toss, checkers...)	_____	_____	_____
Zero Depth Water Features	_____	_____	_____
Playground area	_____	_____	_____
Concession area	_____	_____	_____
Sand volleyball area	_____	_____	_____
Shaded picnic area	_____	_____	_____
Sand Playground area	_____	_____	_____

12. Which type of financing would you recommend that the City of Mount Carroll use for a new Swimming Pool? Please rank your preferred funding type. 1 = most preferred
___ Property Tax ___ Local Option Sales Tax ___ Capital Fund Raising Campaign
___ IDNR-OSLAD Grant ___ Other (Please name) _____

13. Comments: _____

Please return by one of the following:

Mail:
City of Mount Carroll
302 North Main Street
Mount Carroll, Illinois 61053

Drop off-Blue Box:
City of Mount Carroll
302 North Main Street