# Public Swimming Pools Equipment Change Form

**Date:**

**SP Number:** (XX-XXXX-XX, found on the pool license, license application, or an inspection report)

**Pool Location Name:**

**Address:**

**City, State, Zip:**

**Contact Person:**

**Phone:**

**Fax:**

**E-mail:**

<table>
<thead>
<tr>
<th>Pool Location</th>
<th>Indoor</th>
<th>Outdoor</th>
<th>Combination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volume (gal)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flow Rate (gpm)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optional: Perimeter (sq ft)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area (sq ft)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Filtration Pump Make and Model Number:**

Existing □ New □

**Pump Motor Horsepower:**

**Flow Rate Capacity (gpm):** □ @ Head (ft): □ Variable Speed Drive: Y □ N □

**Suction Pipe Size (in):**  □ Discharge Pipe Size (in): □

**Filter Make and Model Number:**

Existing □ New □

**Filter Type:**

High Rate Sand □ Cartridge □ Pressure DE □ Other: □

**Number of Filters:** □ Filter Area (sq ft): □

**Chemical Feeder Make and Model Number:**

Existing □ New □

**Disinfectant:**

Bromine □ Chlorine □ Trichlor □

**Feeder Capacity (lb Cl or Br / day):**

**Chemical Controller Make and Model Number:**

Existing □ New □

**Acid Feeder Make and Model Number:**

**Feeder Capacity (gal / day):**

**Flow Meter Make and Model Number:**

Existing □ New □

**Pipe Size (in):** □ Range of Readings (gpm): □

**Comments:**

<table>
<thead>
<tr>
<th>DEQ Approval</th>
<th>Approved</th>
<th>Denied</th>
<th>by</th>
<th>Date</th>
</tr>
</thead>
</table>

This form is used to document proposed changes to swimming pool equipment. This information will assist in determining if the equipment will meet the requirements of the Public Swimming Pool Rules. Please provide the requested information for the pump, filter, chemical feeder, chemical controller, and flow meter whether or not this equipment will be changed. Please mark “existing” or “new” for each piece of equipment. No change to any pool equipment is allowed until approval from DEQ is obtained. A construction permit may be required to obtain approval.

Please fax or e-mail this completed form to:
FAX: 517-241-1328 E-mail: sissonp@michigan.gov (e-mail in pdf format is preferred)
Website: www.michigan.gov/deqwater Click on Campgrounds & Pools on the upper left.

RMD Swimming Pool Program Rev. 11/10/2011

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