



STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
RESOURCE MANAGEMENT DIVISION



**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:

Pool Location:	Indoor <input type="checkbox"/>	Outdoor <input type="checkbox"/>	Combination <input type="checkbox"/>
Volume (gal):	Flow Rate (gpm):	Optional: Perimeter (sq ft):	Area (sq ft):
Filtration Pump Make and Model Number:	Existing <input type="checkbox"/>		New <input type="checkbox"/>
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 <input type="checkbox"/>		New <input type="checkbox"/>
Filter Type: High Rate Sand Cartridge Pressure DE Other:	Number of Filters:	Filter Area (sq ft):	
Chemical Feeder Make and Model Number:	Existing <input type="checkbox"/>		New <input type="checkbox"/>
Disinfectant: Bromine Chlorine Trichlor			
Feeder Capacity (lb Cl or Br / day):			
Please include an installation diagram. For salt chlorinators, please use the separate form: Salt Chlorinator Installation Form			
Chemical Controller Make and Model Number:	Existing <input type="checkbox"/>		New <input type="checkbox"/>
Acid Feeder Make and Model Number:	Feeder Capacity (gal / day):		
Flow Meter Make and Model Number:	Existing <input type="checkbox"/>		New <input type="checkbox"/>
Pipe Size (in):	Range of Readings (gpm):		
Comments:			

DEQ
Approval: Approved Denied by Date

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