



STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
RESOURCE MANAGEMENT DIVISION



**Public Swimming Pools
Electrolytic Chlorine Generator or Salt Chlorinator
Installation 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):
Current Chlorine or Bromine Usage (if known) (lb/day):			
Maximum Daily Bather Load:		Number of hours per day pool is open to bathers:	

Manufacturer's Make and Model Number:	
NSF International Listed: Y N	
Cell Model Number:	
Chlorine Production per Cell (lb/day):	Number of Cells:
Generator Installed By:	
Existing Chemical Feeder to Remain: Y N	Make and Model Number:
Controller Installed: Y N	Make and Model Number:
Salt Supplied to Pool: <input type="checkbox"/>	Or to Brine Tank: <input type="checkbox"/>
Type of Salt Used:	
Please include an installation diagram	
Comments:	

DEQ Approval:

This form is used to determine if a proposed electrolytic chlorine generator installation will meet the requirements of the Public Swimming Pool Rules, specifically R 325.2157 (Rule 57). Rule 57 requires chemical feeders to have sufficient capacity to achieve the required disinfectant residual. The current chlorine usage is the best method to correctly determine if an electrolytic chlorine generator has sufficient capacity. If the current chlorine usage is not known, then divide the pool volume by 8000 to give an estimate of the chlorine usage in pounds per day for a low to moderate pool bather load. For questions, see the Salt Chlorination – Frequently Asked Questions document on our website. No change to any pool equipment is allowed until approval from DEQ is obtained. Please contact us to determine whether or not a construction permit is required for this project.

In addition to this form, please also submit an Equipment Change Form for each pool.

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.

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