



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

Drinking Water and Environmental Health Division

Public Swimming Pool Program Equipment Change Form

Issued under authority of 1978 PA 368, as amended.

Purpose: This form is used to ensure new equipment is appropriate and meets the Public Swimming Pool Rules based upon the specifications of the pool. If the make and model of the new equipment is different from the equipment currently installed this form is required. For questions about this form please contact EGLE-DWEHD-PublicPoolProgram@Michigan.gov.

Section 1. GENERAL POOL INFORMATION

Please complete Section 1 entirely. **All** details in this section are **required**.

Date: _____

SP Number: SP- _____ - _____ (e.g., SP-XXXX-XX found on pool license, license application, or an inspection report)

Pool Location Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Person Name: _____

Phone Number: () - **E-mail (required):** _____

Pool Type: Swim ☐ Spa ☐ Wade ☐ Therapy ☐ Spray Pad ☐ Other: _____

Pool Location: Indoor ☐ Outdoor ☐ Combination ☐

Perimeter (ft): _____ **Area (sq ft):** _____

Volume (gal): _____ **Flow Rate (gpm):** _____

Section 2. REQUIRED EQUIPMENT

Please complete Section 2 entirely. **All** details in this section are **required**. Mark “**New**” for equipment being replaced and mark “**Existing**” for existing installed equipment. For pipe sizing questions, please record the size prior to or after the pump connection.

FILTRATION PUMP **Make:** _____ **Model #:** _____

New ☐ Existing ☐ **Pump Motor HP:** _____ **Variable Speed Drive** Yes ☐ No ☐

Suction pipe size prior to pump connection (in): _____

Discharge pipe size after pump connection (in): _____

FLOW METER **Make:** _____ **Model #:** _____

New ☐ Existing ☐ **Pipe Size:** _____

FILTRATION MAIN DRAIN **Make:** _____ **Model #:** _____

New ☐ Existing ☐ **# of Main Drains:** _____ **Size:** _____

Remember to check the expiration of the main drain cover and replace if needed.

FILTER **Make:** _____ **Model #:** _____

New ☐ Existing ☐ **# of Filters:** _____ **Total Filter Area (sq ft):** _____

Filter Type: High-Rate Sand ☐ Cartridge ☐ Regenerative Media ☐ Pressure DE ☐

Other: _____

CHEMICAL FEEDER **Make:** _____ **Model #:** _____

New ☐ Existing ☐ **Feed Rate (lb. or gal per day):** _____

Disinfectant: Bromine ☐ Calcium Hypochlorite ☐ Sodium Hypochlorite ☐ Trichlor ☐ Salt ☐

Other: _____

*If “Salt” selected, please include Salt Chlorine Generator information below
otherwise, move to Section 3 on Page 3.*

SALT CHLORINE GENERATOR **# of Cells:** _____ **Type of Salt Used:** _____

Chlorine Production per Cell (lb./day): _____ **Salt supplied to:** Pool ☐ Brine Tank ☐

Existing Chemical Feeder to Remain: Yes ☐ No ☐ *If “Yes” include make and model below.*

Existing Chemical Feeder **Make:** _____ **Model #:** _____

Please submit an installation diagram along with this form for new installations.

Section 3. ADDITIONAL EQUIPMENT

If your pool utilizes any of the equipment listed below, please provide the requested details. Check “**New**” for equipment being replaced, mark “**Existing**” for existing installed equipment and fill in the requested information. Mark “**None**” if the pool does not have the equipment and leave the details blank. For pipe sizing questions, please record the size *prior to* or *after* the pump connection.

CHEMICAL CONTROLLER Make: _____ Model #: _____

New ☐ Existing ☐ None ☐

ACID FEEDER Make: _____ Model #: _____

New ☐ Existing ☐ None ☐ Feeder Type CO₂ ☐ Dry Acid ☐ Liquid Acid ☐

Feeder Capacity (gal or lbs. per day): _____

SUPPLEMENTAL DISINFECTION Make: _____ Model #: _____

New ☐ Existing ☐ None ☐ Type: Electrolytic ☐ Enzymes ☐ Ionization ☐ UV ☐

Ozone ☐ Permanganate ☐ Peroxide ☐

JET PUMP Make: _____ Model #: _____

New ☐ Existing ☐ None ☐ Pump Motor HP: _____ Variable Speed Drive Yes ☐ No ☐

Suction pipe size *prior to* pump connection (in): _____ # of Jets: _____

Discharge pipe size *after* pump connection (in): _____

FEATURE PUMP Make: _____ Model #: _____

New ☐ Existing ☐ None ☐ Pump Motor HP: _____ Variable Speed Drive Yes ☐ No ☐

Suction pipe size *prior to* pump connection (in): _____

Discharge pipe size *after* pump connection (in): _____

OTHER MAIN DRAINS Make: _____ Model #: _____

New ☐ Existing ☐ None ☐ # of Main Drains: _____ Size: _____

Remember to check the expiration of the main drain cover and replace if needed.

COMMENTS: _____

EGLE Approval: Approved ☐ Denied ☐ By: _____ Date: _____

Submission Checklist:

- ☐ All requested information in Sections 1 and 2 are filled in completely.
- ☐ If applicable, all requested information for pool equipment listed in Section 3 is filled in completely.
- ☐ If installing new salt chlorine generator, installation diagram is attached to submission email.
- ☐ If you have product specification sheets, please include links or attach to submission email.
- ☐ For submission, attach a .pdf of this completed form and any additional documents to an email and send to: EGLE-DWEHD-PublicPoolProgram@Michigan.gov.

People with disabilities may request this material in an alternate format by emailing EGLE-Accessibility@Michigan.gov or calling 800-662-9278.

EGLE does not discriminate on the basis of race, sex, religion, age, national origin, color, marital status, disability, political beliefs, height, weight, genetic information, or sexual orientation in the administration of any of its programs or activities, and prohibits intimidation and retaliation, as required by applicable laws and regulations.

This form and its contents are subject to the Freedom of Information Act and may be released to the public.