**PUBLIC SWIMMING POOL PROGRAM**

**EQUIPMENT CHANGE FORM**

Issued under authority of 1978 PA 368, as amended.

<table>
<thead>
<tr>
<th>Date:</th>
<th>SP Number: (XX-XXXX-XX, found on the pool license, license application, or an inspection report)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pool Location Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td></td>
</tr>
<tr>
<td>Contact Person:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Fax:</td>
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<tr>
<td>E-mail:</td>
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</tbody>
</table>

**Pool Type:**
- Swim
- Spa
- Wade
- Dive
- Other

**Pool Location:**
- Indoor
- Outdoor
- Combination

**Volume (gal):**
**Flow Rate (gpm):**
Optional: **Perimeter (sq ft):**
**Area (sq ft):**

**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):**

Please include an installation diagram. For salt chlorinators, please use the separate form: Salt Chlorinator Installation Form

**Chemical Controller Make and Model Number:**
- None
- Existing
- New

**Acid Feeder Make and Model Number:**
- None
- Existing
- New

**Feeder Type:**
- CO₂ Gas Cylinder
- Bulk CO₂
- Liquid Acid
- Liquid Feeder Capacity (gal / day):

**Comments:**

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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, and chemical controller (if any) whether or not this equipment will be changed. Please mark “existing” or “new” for each piece of equipment. A construction permit may be required to obtain approval.

E-mail this completed form to: [DEQ-EH@michigan.gov](mailto:DEQ-EH@michigan.gov) (e-mail in pdf format is preferred) or forms may be faxed to 517-241-1328.

Note: Due to the volume of these submittals at certain times of the year, it may take six (6) weeks or more for a response. Faxed responses may take longer.