



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. If there is more than one filtration pump, specify in the comments the make, model, and whether it is redundant or operated in parallel.

**FILTRATION PUMP**                      **Make:** \_\_\_\_\_ **Model #:** \_\_\_\_\_

New  Existing               **Pump Motor HP:** \_\_\_\_\_ **Variable Speed Drive**    Yes  No

**Suction pipe size prior to pump connection (in):** \_\_\_\_\_ **# of Pumps:** \_\_\_\_\_

**Discharge pipe size after pump connection (in):** \_\_\_\_\_

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**FLOW METER**                      **Make:** \_\_\_\_\_ **Model #:** \_\_\_\_\_

New  Existing               **Pipe Size:** \_\_\_\_\_

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**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.*

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**FILTER**                                      **Make:** \_\_\_\_\_ **Model #:** \_\_\_\_\_

New  Existing               **# of Filters:** \_\_\_\_\_ **Total Filter Area (sq ft):** \_\_\_\_\_

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

Other: \_\_\_\_\_

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**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.*

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**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.*

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**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

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**ACID FEEDER**      **Make:** \_\_\_\_\_ **Model #:** \_\_\_\_\_  
New  Existing  None       **Feeder Type**    CO<sub>2</sub>  Dry Acid  Liquid Acid   
**Feeder Capacity (gal or lbs. per day):** \_\_\_\_\_

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**SUPPLEMENTAL DISINFECTION**      **Make:** \_\_\_\_\_ **Model #:** \_\_\_\_\_  
New  Existing  None       **Type:** Electrolytic  Enzymes  Ionization  UV   
Ozone  Permanganate  Peroxide

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**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):** \_\_\_\_\_

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**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):** \_\_\_\_\_

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**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.*

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**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](mailto:EGLE-DWEHD-PublicPoolProgram@Michigan.gov).

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