



**PUBLIC SWIMMING POOL PROGRAM
 EQUIPMENT CHANGE FORM**

Issued under authority of 1978 PA 368, as amended.

Please complete the form entirely and 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.

Date:			
SP Number:		(XX-XXXX-XX, found on the 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 <input type="checkbox"/> Spa <input type="checkbox"/> Wade <input type="checkbox"/> Therapy <input type="checkbox"/> Spray Pad <input type="checkbox"/> Other:			
Pool Location: Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Combination <input type="checkbox"/>			
Volume (gal):	Flow Rate (gpm):	Perimeter (ft):	Area (sq ft):
FILTRATION PUMP Make and Model Number:			Existing <input type="checkbox"/> New <input type="checkbox"/>
Pump Motor HP:	Flow Rate Capacity (gpm):	@ Head (ft):	Variable Speed Drive: <input type="checkbox"/> Y <input type="checkbox"/> 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 - Regenerative Media - 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	Feed Rate (lb Cl or Br/day):		
<i>Please include an installation diagram. For salt chlorinators, please use the separate form: Salt Chlorinator Installation Form</i>			
CHEMICAL CONTROLLER Make and Model Number:			None <input type="checkbox"/> Existing <input type="checkbox"/> New <input type="checkbox"/>
ACID FEEDER Make and Model Number:			None <input type="checkbox"/> Existing <input type="checkbox"/> New <input type="checkbox"/>
Feeder Type: CO ₂ Gas Cylinder - Bulk CO ₂ - Liquid Acid	Liquid Feeder Capacity (gal/day):		
Comments:			
EGLE Approval: Approved <input type="checkbox"/> Denied <input type="checkbox"/> by:			Date:

E-mail this completed form to: EGLE-DWEHD-PublicPoolProgram@Michigan.gov (.pdf format is preferred)
 Website: Michigan.gov/EGLEPublicSwimmingPools

If you need this information in an alternate format, contact EGLE-Accessibility@Michigan.gov or call 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. Questions or concerns should be directed to the Nondiscrimination Compliance Coordinator at EGLE-NondiscriminationCC@Michigan.gov or 517-249-0906.

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