



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF DRINKING WATER AND MUNICIPAL ASSISTANCE

**PUBLIC SWIMMING POOL PROGRAM
EQUIPMENT CHANGE FORM**

Issued under authority of 1978 PA 368, as amended.

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 Type:	Swim <input type="checkbox"/>	Spa <input type="checkbox"/>	Wade <input type="checkbox"/> Dive <input type="checkbox"/> Other <input type="checkbox"/> _____
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):
Filtration Pump Make and Model Number:			Existing <input type="checkbox"/> New <input type="checkbox"/>
Pump Motor Horsepower:	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):		Existing <input type="checkbox"/> New <input type="checkbox"/>
Filter Make and Model Number:			Existing <input type="checkbox"/> New <input type="checkbox"/>
Filter Type: High Rate Sand	Cartridge	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	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 <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:			
DEQ Approval: Approved <input type="checkbox"/> Denied <input type="checkbox"/> by _____ Date _____			

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 (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.