



# 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](mailto: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: \_\_\_\_\_

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*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.*

### 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    CO<sub>2</sub> ☐ 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](mailto:EGLE-DWEHD-PublicPoolProgram@Michigan.gov).

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