

Public Swimming Pool Equipment Replacement Notification Report

Action governed by Ohio Administrative Code Chapter 3701-31

ODH File No.

Type

 Pool SPA SUP

Special Feature

 Kiddie slide
 Playground slide
 Rec slide
 Water slide
 Fountain _____

Special Use Pool

Other

County	Local Health District
Project Name	Owner
Street Address	Street Address
City, Zip	City, State, Zip
Project Phone Number ()	Owner Phone Number ()

Instructions:

- Print clearly and complete both sides.
- Use only one form for equipment changes you propose for each public swimming pool, spa, or special use pool.
- Other substantial alterations requiring more extensive plan review shall be submitted with plans and a completed Application for Plan Review, HEA 5215.
- All equipment shall be listed with NSF, ETL, or as approved by the Director. Changes to equipment, including the use of additives or substitute materials/reagents/chemicals that affect equipment performance and are not authorized by the manufacturer affect the product listing; accordingly, such substantial alterations must be authorized.

I. Equipment Replacement and Plan Review Fee Schedule

- Replacement of a disinfection reagent feed device with a different method of delivery, different reagent, or that changes the disinfectant output;
 - Replacement of a circulation filter with a different size, different method of filtration, or different media, or a different method of operation;
 - Replacement of a circulation, jet, or special feature pump that changes the operation of the pool or associated equipment;
- ALL are substantial alterations requiring plan review using this form.

The plan review fee is (\$45) dollars per each type of equipment being changed

\$

NOTE: Replacement of an Automatic Chemical Controller or of a pH reagent feeder is not a substantial alteration. Replacement equipment which is *identical* to the design and operation of the original and previously approved equipment is considered as maintenance and repair.

II. Pool, Spa, Special Use Pool Design (existing)

01 Specifications

- a. Pool/Spa Volume _____ gal
- b. Required Turnover Period Pool - 480 min (8 hr) Wading Pool - 120 min (2 hr)
 Spa - 30 min (2 hr) Special Use Pool - 240 min (4 hr) Other _____
- c. Required Flow Rate (1a / 1b) _____ gpm
- d. Actual Flow (as measured by a flow measuring device) _____ gpm

II. Equipment Replacement

02 Disinfection

	#	a) Disinfectant	b) Manufacturer/ Make	c) Model #	c) Output
Existing <input type="checkbox"/> Erosion		<input type="checkbox"/> Calcium Hypo <input type="checkbox"/> Sodium Hypo <input type="checkbox"/> Di/ Tri-chloro <input type="checkbox"/> Bromine <input type="checkbox"/> NaCl Other:			<input type="checkbox"/> gals/d <input type="checkbox"/> lbs/d <input type="checkbox"/> grams/d
Replacement <input type="checkbox"/> Erosion		<input type="checkbox"/> Calcium Hypo <input type="checkbox"/> Sodium Hypo <input type="checkbox"/> Di/ Tri-chloro <input type="checkbox"/> Bromine <input type="checkbox"/> NaCl Other:			<input type="checkbox"/> gals/d <input type="checkbox"/> lbs/d <input type="checkbox"/> grams/d

Note:
Change from one disinfectant to another within the same disinfectant feeder is still an alteration requiring plan approval.

03 Filtration

	#	a) Media	b) Manufacturer/ Make	c) Model #	d) Total Filter Area (sf)	e) Max. Allowable Filter Flow (gpm)
Existing		<input type="checkbox"/> Vacuum <input type="checkbox"/> Press. <input type="checkbox"/> Sand <input type="checkbox"/> DE <input type="checkbox"/> Cartridge				
Replacement		<input type="checkbox"/> Vacuum <input type="checkbox"/> Press. <input type="checkbox"/> Sand <input type="checkbox"/> DE <input type="checkbox"/> Cartridge				

Note:
1. Changing filter media within the same filter unit is a substantial alteration requiring approval.
2. Flow through a filter shall not exceed the rated capacity (see 03e)
3. Filters shall be installed in parallel and of equal size/capacity.

04 Pumps: Circulation, Jet /Hydrotherapy, Special Features, Air

	#	a) Manufacturer/ Make	b) Model #	c) Horsepower	d) Total Dynamic Head (Ft) -if known	e) Capacity (gpm)
Existing						
Replacement						

The following criteria shall apply:

- a. Provide a pump curve and other applicable design specifications.
- b. A replacement circulation pump shall provide, at minimum, the flow rate as indicated in 01(c), above.
- c. There shall be no significant increase in any pump capacity without approval to prevent a potential entrapment hazard.
- d. To avoid shock hazard, air pumps shall be installed on a wall or with a vertical loop of pipe, both, 12 inches or more, above the operating water level of the spa/special use pool.

Provide a copy of the installation diagram

05 Automatic Chemical Controllers

(required on all public spas and some special use pools with special features)

Note: replacement of an automatic chemical controller or the pH chemical feed pump is not substantial alterations; however, replacement of a disinfection feeder may be a substantial alteration requiring submitted for approval; in any event the installation of all shall be according to the pool rules.

06 Pipe

Pipe used for maintenance or repair work or as part of equipment installation shall be according to the following standard or equivalent: Pipe 40 or 80, ASTM D 1785 (of equal diameter or greater) and with compatible PVC fittings: ASTM D 2446 or D 2447.

PVC, Schedule

Note: The above information will be forwarded to the local health district to verify the installation after approval.

IV Remarks:

Individual to be contacted regarding this project (please print)

Applicant	phone number ()	Fax Number ()
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I certify that the foregoing data is a true statement of the facts pertaining to the above proposed work and agree to properly install the above equipment according to manufacturer specifications or as approved.

For any questions concerning this form please contact: Ohio Department of Health, Environmental Engineering, (614) 466-1390

Note: Review will not proceed nor will approval be granted without complete submission of all information.

Please make check payable to: **Treasurer, State of Ohio**

Send this form and check to:

Mailing address:
Ohio Department of Health
Revenue Processing Unit
Public Swimming Pool Plan Review Fees
P.O. Box 15278
Columbus, OH 43215-0278

Walk-in address:
Ohio Department of Health
Revenue Processing Unit
1st Floor
246 N. High St.
Columbus, OH