

# Public Swimming Pool Equipment Replacement Notification Report

Action governed by Ohio Administrative Code Chapter 3701-31

ODH File No.	
Type <input type="checkbox"/> Pool <input type="checkbox"/> SPA <input type="checkbox"/> SUP	Special Feature <input type="checkbox"/> Kiddee slide <input type="checkbox"/> Playground slide <input type="checkbox"/> Rec slide <input type="checkbox"/> Water slide <input type="checkbox"/> Fountain _____
Other _____	

County		Local health department	
Facility name		Owner	
Street address		Street address	
City, ZIP		City, State, ZIP	
Facility phone number ( )	Facility e-mail	Owner phone number ( )	Owner e-mail

**Instructions:**

- Print clearly and complete both sides.
- Use only one form for each public swimming pool, spa, or special use pool you propose to make equipment changes.
- Replacement equipment that is *identical (same manufacturer, same model number)* to the original and *previously approved equipment* is considered as **maintenance and repair** that does not require plan approval or submission of this form.
- All equipment shall be listed, per the rule, by an organization that performs third party testing for swimming pools.
- Changes to equipment, including the use of additives or substitute materials, reagents or chemicals that affect equipment performance and are not authorized by the manufacturer, affect the product listing; accordingly, such are substantial alterations that must be authorized.**
- Other **substantial alterations** requiring more extensive plan review shall be submitted with plans and a completed **Application for Plan Review, HEA 5215**.

**I. Equipment Replacement Plan Review Fee Schedule**

-Replacement of a <b>disinfection reagent feed device</b> with a different <i>method of delivery, different reagent, or that changes the disinfectant output</i> ; -Replacement of a <b>circulation filter</b> with a <i>different size, different method of filtration, different media, or a different method of operation</i> ; -Replacement of a <b>circulation, jet, or special feature pump</b> that <i>changes the operation of the pool or associated equipment</i> ; -Replacement of a <b>Safety Vacuum Release System (SVRS)/Automatic Pump Shut-off System (ASPO)</b> to prevent potential entrapment from drain outlets;	
The plan review fee is \$50 for each <u>type</u> of equipment being changed	\$

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

<b>01 Design Specifications</b>	
a. Pool/Spa Volume _____ gal. b. Required Turnover Period <input type="checkbox"/> Pool — 480 min. (8 hr.) <input type="checkbox"/> Special Use Pool — 240 min. (4 hr) <input type="checkbox"/> Wading Pool — 120 min. (2 hr.) <input type="checkbox"/> Spray ground — 30 min. <input type="checkbox"/> Spa — 30 min. <input type="checkbox"/> Other _____ min.	c. Required Flow Rate (1a/1b) _____ gpm d. Actual Flow (As measured by a flow measuring device) _____ gpm

**III. Equipment Replacement**

<b>02 Disinfection</b>					
	No.	a. Disinfectant	b. Manufacturer/Make	c. Model #	d. Output
Existing		<input type="checkbox"/> Calcium Hypo <input type="checkbox"/> Sodium Hypo <input type="checkbox"/> Di/Tri-chloro <input type="checkbox"/> Bromine <input type="checkbox"/> Salt			<input type="checkbox"/> gals./d <input type="checkbox"/> bs./d <input type="checkbox"/> grams/d
Replacement		<input type="checkbox"/> Calcium Hypo <input type="checkbox"/> Sodium Hypo <input type="checkbox"/> Di/Tri-chloro <input type="checkbox"/> Bromine <input type="checkbox"/> Salt			<input type="checkbox"/> gals./d <input type="checkbox"/> bs./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.

<b>03 Filtration</b>						
	No.	a. Media	b. Manufacturer/Make	c. Model #	d. Total Filter Area (sf)	e. Max. Allowable Filter Flow (gpm)
Existing		<input type="checkbox"/> Sand <input type="checkbox"/> Cartridge <input type="checkbox"/> DE. <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressure				
Replacement		<input type="checkbox"/> Sand <input type="checkbox"/> Cartridge <input type="checkbox"/> DE. <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressure				

NOTE: 1. Changing filter media within the same filter unit is an 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, [Automatic Pump Shut-off System (APSO)-see section 05]

**Attach the pump curve for each pump**

No.	a. Manufacturer/Make	b. Model #	c. Horsepower	d. Total Dynamic Head (ft. if known)	e. Capacity (gpm)

**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 to pump capacity without approval to prevent potential drain outlet entrapment hazard or equipment damage.
- 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.

**05 Safety Vacuum Release System (SVRS) / Automatic Pump Shut-off System (APSO):**

No.	a. Manufacturer/Make	b. Model #

**NOTE:**

1. An automatic Pump Shut-off System (APSO) serves the dual purpose as a pump but also as a secondary means of entrapment prevention for drain/suction outlets.
2. To verify the installation an inspection is required by the Ohio Department of Health or a certificate of installation must be filed with the Ohio Department of Health.
3. These units must be serviced and tested according to manufacturer specifications and the results logged on the Weekly Operation Report or kept on file.

**06 Automatic Chemical Controllers**

These units are required on all spas but those that are installed on public swimming pools shall abide by the requirements within the pool rules. Replacement of an automatic chemical controller or the pH chemical feed pump is not a substantial alteration. Replacement of the disinfection feeder may be a substantial alteration requiring plan approval, see III. 02 Disinfection, on the front of this form.

**07 Pipe**

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

**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). 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.

Applicant	Phone number (     )	E-mail
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**NOTE:** Review will not proceed nor will approval be granted without complete submission of all information.

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

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

Send this form and remittance 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