

# Ohio Department of Health Public Swimming Pool Equipment Replacement Notification Report

Action governed by Ohio Administrative Code Chapter 3701-31

<b>ODH File No.</b>	
<b>Type</b> <input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor <input type="checkbox"/> Pool <input type="checkbox"/> Dive Well <input type="checkbox"/> Wading pool <input type="checkbox"/> Spa Special Use Pool	<b>Special Feature</b> <input type="checkbox"/> Flume slide <input type="checkbox"/> Kiddee slide <input type="checkbox"/> Rec. slide <input type="checkbox"/> Rain drop <input type="checkbox"/> Speed slide <input type="checkbox"/> Wet Deck <input type="checkbox"/> Drop slide Other

County	
Project name	
Street address	
City	ZIP
Project phone number (        )	

Local health department		
Owner		
Street address		
City	State	ZIP
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 are substantial alterations that must be authorized.**

**I. Equipment Replacement 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;	The plan review fee is forty dollars.    \$ _____
-Replacement of a circulation filter with a different size, different method of filtration, 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;	
-Replacement of a vacuum limit switch (VLS);	
ALL are substantial alterations requiring plan review using this form.	

**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)

<b>01 Specifications</b>	
a. Pool/Spa Volume _____ gal	
b. Required Turnover Period	<input type="checkbox"/> Pool—480 min (8 hr) <input type="checkbox"/> Wading Pool—120 min (2 hr) <input type="checkbox"/> Spa—30 min (1/2 hr) <input type="checkbox"/> Special Use Pool—240 min (4 hr) <input type="checkbox"/> Other _____
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>					
	#	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"/> NaCl Other:			<input type="checkbox"/> gals/d <input type="checkbox"/> lbs/d <input type="checkbox"/> grams/d
<input type="checkbox"/> Erosion					
Replacement		<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
<input type="checkbox"/> Erosion					

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

<b>03 Filtration</b>						
	#	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:**
- Changing filter media within the same filter unit is an alteration requiring approval.
  - Flow through a filter **shall not exceed** the rated capacity (see 03e)
  - Filters in parallel shall all be of equal size/capacity.

<b>04 Pumps: Circulation, Jet/Hydrotherapy, Special Features, Air</b>						
	#	a) Manufacturer/ Make	b) Model #	c) Horsepower	d) Total Dynamic Head (Ft)-if known	e) Capacity (gpm)
Existing						
Replacement						

The following criteria shall apply:

- Provide a pump curve and other applicable design specifications.
- A replacement circulation pump shall provide, at minimum, the flow rate as indicated in 01(c), above.
- There shall be no significant increase in any pump capacity without approval to prevent a potential entrapment hazard.
- To avoid a 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.

<b>05 Vacuum Limit Switch</b>			
	#	a) Manufacturer/ Make	b) Model #
Existing			
Replacement			

Provide a copy of the installation diagram

<b>06 Automatic Chemical Controllers</b>
(required on all public spas and some special use pools with special features) Note: replacement of an automatic controller is not a substantial alteration; however, the installation shall be in accordance with rule 3701-31-07.

<b>07 Pipe</b>
Pipe used for maintenance or repair work or as part of equipment installation shall be according to the following standard or equivalent: PVC, Schedule 40 or 80, ASTM D 1785 (of equal diameter or greater) and with compatible PVC fittings: ASTM D 2446 or D 2447.

**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 (      )	Fax (      )
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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 North High Steet  
Columbus, OH