

**Public Bathing Place  
Application to Operate Equipment Changes**

This form is to be used for Department review and approval of changes to equipment. Equipment changes are changes made outside of regular maintenance. Changes to the pool may require **Building Code Permits**; check with your local municipality for those requirements. Pool equipment includes filters, chemical feeders and chemical controls, circulating pumps, and flow meters. Complete the requested information on all the equipment and be careful to check each block as to whether the equipment is New or Existing. **Completed forms must include a copy of your current Electrical Certificate** and should be returned to the DOH District Offices. *Please add additional pages if necessary to document multiple filters and chemical feeders.*

Date:	Unit type:	Permit number:
Name of facility :		Owner:
Facility address:		
City, State, Zip Code:		
Contact person:		
Phone:	Fax:	Email:
Pool location: Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Other:		
Volume (gal):	Flow rate(gpm):	Area (sq.ft):
<b>Filtration System:</b> New <input type="checkbox"/> Existing <input type="checkbox"/>		
**NSF Standard 50? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, name testing agency:		
Type: Sand <input type="checkbox"/> Cartridge <input type="checkbox"/> Diatomaceous earth <input type="checkbox"/> Other:		
No. of Filters:	Make:	Model: Filter Area (sq.ft):
<b>Chemical Feeder:</b> New <input type="checkbox"/> Existing <input type="checkbox"/>		
**NSF Standard 50? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, name testing agency:		
Type: Chlorine gas <input type="checkbox"/> Calcium hypo <input type="checkbox"/> Sodium hypo <input type="checkbox"/> Bromine <input type="checkbox"/> Trichlor <input type="checkbox"/> Dichlor <input type="checkbox"/>		
Chlorine generation systems <input type="checkbox"/> ** for All systems please include an installation diagram.		
No. of units:	Make:	Model:
Feeder capacity (lbs. of disinfectant/day):		
<b>Chemical controller make and model number:</b> New <input type="checkbox"/> Existing <input type="checkbox"/>		
<b>Circulating pump:</b> New <input type="checkbox"/> Existing <input type="checkbox"/>		
**NSF Standard 50? yes <input type="checkbox"/> no <input type="checkbox"/> if no, name testing agency:		
Make:	Model:	
Pump capacity:	Horse power:	Total dynamic head:
<b>Flow meter:</b> New <input type="checkbox"/> Existing <input type="checkbox"/>		
Make:	Model:	
Turnover period:	Flow rate range (gpm):	
Comments:		

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