County

City

Project Name

Instruction

## **Public Swimming Pool Equipment Replacement Notification Report**

Ohio Department of Health	ODH File No.									
Public Swimming F										
Equipment Replace	me	nt	Type of Project		1					
			Outdoor  1. Pool	(OP)	Indoor 5. Pool	(IP)	Spec 9 F	cial  Special Use Pool (SUP)		
Notification Report	2. Spa	(OS)	6. Spa	(IS)	_	Special Feature (SF)				
action governed by Ohio Administrative Code Chapte	3. Wading Pool	(OWP)	7. Wading Po							
			4. Diving Pool	(ODP)	8. Diving Poo	ol (IDP)				
County			Local Health Department							
Project Name	Owner									
Street Address			Street Address							
City		ZIP	City			State	Э	ZIP		
Project Phone No.			Owner Phone No.							
( )			( )							
c. Use only <b>one</b> form for equipment changes of the substantial alterations requiring motion e. All equipment shall be listed with NSF, ETL,  I. Equipment Replacement Plan Revious (Complete this section only if you are submitting and Complete this section only if you are submitted the section of the complete this section on the complete this section of the complete this secti	re exten or as ap iew Fe equipmen	sive plan review shall be proved by the Director e Schedule at replacement that requires	pe submitted with pla s plan review)	ns and a	completed App					
Replacement of a disinfection reagent feed device w different filtration media or a different method of ope design as the original equipment. All filter replaceme	eration are	substantial alterations req	uiring plan review. It is n	ot a substa	ntial alteration if the					
II. Design (existing)										
01 Specifications										
a. Pool/Spa Volume		gal								
	80 min (8 ) min (1/2		Pool—120 min (2 hr) Use Pool—240 min (4 h	r)	Other					
c. Required Flow Rate (1a ÷ 1b)			gpm							
d. Actual Flow (as measured by a flow meter)			gpm							
III. Equipment Replacements										
Complete the appropriate sections, below, to pro	perly doc	ument changes to equipr	ment for the above fac	ility. This i	nformation will b	e provided t	o the lo	 ocal health department		
for completing pre-operation inspection reports the	hey cond	uct each season.								
02 Disinfection							_	_		
a) Make		b) Model No.		c) (	Output: 🗌 g	jals/day	☐ lbs.	/day 🗌 grams/day		

## III. Equipment Replacements

Complete the appropriate sections, below, to properly document changes to equip for completing pre-operation inspection reports they conduct each season. 02 Disinfection a) Make b) Model No. Existing Replacement Sodium Erosion: Calcium Bromine Di/Tri-chloro

03	<b>Filtratio</b>	n										
		a) Make	b) Model No.	c) Number	d) Total Filter Area (sf)	e) Max. Allowable Flow (gpm)1						
<u> </u>	Existing											
I	Replacement											
Pressure Vacuum  Sand Diatomaceous earth Cartridge  1. Under no circumstances shall the flow through a filter exceed the rated capacity (see 03e)  Multiple filters shall be in parallel and all of equal size and capacity.												
04	Automatic Chemical Controllers (required on all public spas and 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 3701-07.											
O5 Recirculation, Jet Pump/Hydrotherapy, Air Pumps  Replacement pumps are not a substantial alteration that requires notification; however, the following criteria shall apply:  a. Replacement pumps should be replaced as identical to the original pump as practical  b. A replacement recirculation pump shall provide at a minimum, the flow rate as indicated in 01(c)*, above, and shall not exceed the filter capacity in 03(e), above.												
*01(d) shall apply for older swimming pools that may have a longer turnover period (as allowed in rule 3701-31-04)  c. There shall be no significant increase in output from any pump due to potential entrapment hazards or other safety concerns that may apply												
	d. To avoid a shock hazard air pumps shall be installed either on a wall or with a vertical loop of pipe, both 12 inches or more above the operating water level of the spa.											
04		· ·										
U.	<ul> <li>Pipe</li> <li>Pipe used for maintenance or repair work or as part of equipment installation shall be according to the following standard or it's equivalent:</li> <li>PVC, Schedule 40 or 80, ASTM D1785 (of equal diameter or greater) and with compatible PVC fittings: ASTM D2446 or D2447.</li> </ul>											
Rema		viii be provided to the loca	an reduct department to direct the	ii records on the above h	domity and to voiny the above o	hanges at the next regular inspection.						
Individual to be contacted regarding this project (please print)												
Applica	П			Phone ( )	FAX (	)						
I certify	that the forego	oing data is a true statemer	nt of the facts pertaining to the abo	ove proposed work and a	gree to properly install the abo	ve equipment as approved.						
,			ntact the Ohio Department of Hea be granted without complete subm	ű	eering, 246 N. High St., Columb	ous, Ohio (614) 644-5597						
		ayable to: Treasurer, State										
Send this form and check to:  Mailing address Ohio Department of Health Accounts Receivable Unit Public Swimming Pool Plan Review Fees P.O. Box 15278		Walk-in address Ohio Department of Healtl Accounts Receivable Unit 4th Floor 246 N. High St. Columbus, OH 43266-058	base ODF	ne replacement equipment proposed above is approved ased on the information provided.  DDH plan reviewer  Date								
Columbus, OH 43215-0278 Columbus, OH 43266-0588												