### Instructions:
- **a.** Print clearly and complete both sides.
- **b.** Use only one form for each public swimming pool, spa, or special use pool you propose to make equipment changes.
- **c.** 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.
- **d.** All equipment shall be listed, per the rule, by an organization that performs third party testing for swimming pools.
- **e.** 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.
- **f.** 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 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, 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 Safety Vacuum Release System (SVRS)/Automatic Pump Shut-off System (ASPO)** to prevent potential entrapment from drain outlets;

The plan review fee is **$45** for each type of equipment being changed **(effective 04/01/11)**

The plan review fee is **$50** for each type of equipment being changed **(effective 04/01/12)**

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

#### 01 Design Specifications
- b. Required Turnover Period
  - Pool — 480 min. (8 hr.)
  - Wading Pool — 120 min. (2 hr.)
  - Spa — 30 min.
- c. Required Flow Rate (1a/lb)______________ gpm
- d. Actual Flow (As measured by a flow measuring device) _______________ gpm

#### 03 Filtration
- a. Media
  - Sand
  - DE
  - Cartridge
  - Vacuum
  - Pressure

### III. Equipment Replacement

#### 02 Disinfection

<table>
<thead>
<tr>
<th>No.</th>
<th>a. Disinfectant</th>
<th>b. Manufacturer/Make</th>
<th>c. Model #</th>
<th>d. Output</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Calcium Hypo</td>
<td></td>
<td></td>
<td>gals/d</td>
</tr>
<tr>
<td></td>
<td>Di/Tri-chloro</td>
<td></td>
<td></td>
<td>__________gals/d</td>
</tr>
<tr>
<td></td>
<td>Salt</td>
<td></td>
<td></td>
<td>grams/d</td>
</tr>
<tr>
<td>Existing</td>
<td>Sodium Hypo</td>
<td></td>
<td></td>
<td>__________gals/d</td>
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<tr>
<td>Replacement</td>
<td>Bromine</td>
<td></td>
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<td>__________grams/d</td>
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</tbody>
</table>

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

#### 03 Filtration

<table>
<thead>
<tr>
<th>No.</th>
<th>a. Media</th>
<th>b. Manufacturer/Make</th>
<th>c. Model #</th>
<th>d. Total Filter Area (sq ft)</th>
<th>e. Max. Allowable Filter Flow (gpm)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sand</td>
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<td>DE</td>
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<td>Cartridge</td>
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<td></td>
<td>Vacuum</td>
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<tr>
<td></td>
<td>Pressure</td>
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</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>No.</th>
<th>a. Manufacturer/Make</th>
<th>b. Model #</th>
<th>c. Horsepower</th>
<th>d. Total Dynamic Head (ft. if known)</th>
<th>e. Capacity (gpm)</th>
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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):

<table>
<thead>
<tr>
<th>No.</th>
<th>a. Manufacturer/Make</th>
<th>b. Model #</th>
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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 (         ) Fax Number (         )

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

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