



**03 Filtration**

	a) Make	b) Model No.	c) Number	d) Total Filter Area (sf)	e) Max. Allowable Flow (gpm) <sup>1</sup>
Existing					
Replacement					

- Pressure       Vacuum  
 Sand       Diatomaceous earth       Cartridge
- 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.

**05 Recirculation, Jet Pump/Hydrotherapy, Air Pumps**

Replacement pumps are not a substantial alteration that requires notification; however, the following criteria shall apply:

- Replacement pumps should be replaced as identical to the original pump as practical
- 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)
- There shall be no significant increase in output from any pump due to potential entrapment hazards or other safety concerns that may apply
- 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.

**06 Pipe**

Pipe used for maintenance or repair work or as part of equipment installation shall be according to the following standard or it's equivalent: PVC, Schedule 40 or 80, ASTM D1785 (of equal diameter or greater) and with compatible PVC fittings: ASTM D2446 or D2447.

The above information will be provided to the local health department to amend their records on the above facility and to verify the above changes at the next regular inspection.

**Remarks**


Individual to be contacted regarding this project (please print)

Applicant	Phone (      )	FAX (      )
-----------	-------------------	-----------------

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 as approved.

For any questions concerning this form please contact the Ohio Department of Health, Environmental Engineering, 246 N. High St., Columbus, Ohio (614) 644-5597

**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  
 Accounts Receivable Unit  
 Public Swimming Pool Plan Review Fees  
 P.O. Box 15278  
 Columbus, OH 43215-0278

**Walk-in address**  
 Ohio Department of Health  
 Accounts Receivable Unit  
 4th Floor  
 246 N. High St.  
 Columbus, OH 43266-0588

The replacement equipment proposed above is approved based on the information provided.

ODH plan reviewer
Date