



Swimming Pool Change Order Request Form

Drinking Water Protection Division

*PLEASE TYPE OR PRINT CLEARLY

DATE (MM/DD/YYYY):

Total # Pages Included:

Section 1. Contact Information

SENDER NAME:

FACILITY OWNER:

COMPANY NAME:

PRIMARY CONTACT:

ADDRESS:

ADDRESS:

CITY:

CITY:

STATE:

ZIP:

STATE:

ZIP:

PHONE NUMBER:

FAX NUMBER:

PHONE NUMBER:

FAX NUMBER:

EMAIL:

EMAIL:

Section 2. Facility Information

NAME:

PERMIT #:

ADDRESS:

CITY:

STATE:

ZIP:

COUNTY:

POOL TYPE (choose one): A B C D E F G

Pool Surface Area (ft²):

Pool Volume (gallons):

Recirculation flow (GPM):

Section 3. Project Description (if more space is required, use the back of this sheet or attach extra pages)

Is this Project cost \$5000.00 or greater? (choose one): Yes No If Yes provide LLR Contractor License #:

Are additional plans or sketches attached with this request? (choose one): YES NO

Section 4. Equipment Change Information

PROPOSED EQUIPMENT (Make & Model #):

EXISTING EQUIPMENT (Make & Model #):

Disinfection Equipment:

Pump Make & Model:

No. of Pumps:

Filter Make & Model:

No. of Filters:

***PLEASE NOTE: IF CHANGE ORDER REQUEST INVOLVES PIPING OR STRUCTURAL CHANGES, STAMPED ENGINEERING DRAWINGS MUST BE SUBMITTED.**

Signature of Sender:

THIS AREA FOR DEPARTMENT USE ONLY

Is this change order approved? (choose one)

YES

NO

Are there any special conditions? (choose one)

YES

NO (if yes, see attached)

Department Signature: _____

Date: _____

This change order is valid for one year from the approval date.

***PLEASE NOTE: A final inspection is required prior to operation. When modifications have been completed, contact _____ at (_____) _____ 3 days prior to scheduling the inspection.**

Purpose:This form is to be used by contractors, builders, engineers, architects, and any other party responsible for making changes to a public swimming facility in the state of South Carolina.

This application must be submitted to the following address:

South Carolina DHEC
Drinking Water Protection Division
Construction Permitting Section
2600 Bull St.
Columbia, SC 29201

ITEM BY ITEM INSTRUCTIONS FOR COMPLETING THIS FORM:

Enter the date in the first space. Enter the total number of pages included in the space to the right.

SECTION 1. CONTACT INFORMATION

In the left column of section 1, enter the SENDER's information including: name of sender, company name, address, city, state, zip, phone number, fax number and email address.

In the right column of section 1, enter the FACILITY OWNER's information including: name of facility owner, primary contact name, address, city, state, zip, phone number, fax number and email address.

SECTION 2. FACILITY INFORMATION

In section 2, enter the FACILITY's information including: name of facility, address, city, state, zip.

In section 2, enter the FACILITY's pool information including: permit number, county, the pool type (A, B, C, D, E, F, G), pool surface area, volume, and recirculation flow.

SECTION 3. PROJECT DESCRIPTION

Using the space provided, describe the proposed changes to the swimming facility. Check (YES or NO) on if this project cost \$5,000.00 or more. If Yes include LLR contractor license number. Check (YES or NO) whether additional plans or sketches are attached to the change order request.

SECTION 4. EQUIPMENT CHANGE INFORMATION

In the left column of section 4, enter the make and model of the proposed equipment.

In the right column of section 4, enter the make and model of the corresponding existing equipment.

For projects beyond replastering and/or deck work, please provide the pump, filter, and disinfection equipment make and model.

REMEMBER TO SIGN AT THE BOTTOM. ALL SIGNATURES MUST BE ORIGINAL.

Office Mechanics and Filing: This form should be filed in the Recreational Waters File Room according to facility permit number.