



AMARILLO AREA PUBLIC HEALTH DISTRICT
 Cities of Amarillo, Canyon, the Villages of Timbercreek Canyon, Lake Tanglewood,
 Palisades, the Town of Bishop Hills, and Potter and Randall County
 CITY OF AMARILLO, P. O. Box 1971, Amarillo, TX, 79105-1971
 Email: eheath@amarillo.gov

Equipment Change Application

<p><u>Establishment Contact Information:</u></p> <p>Name: _____</p> <p>Physical Address: _____</p> <p>Mailing Address: _____</p> <p>Phone Number: _____</p> <p>Email: _____</p>	<p><u>Applicant Contact Information:</u></p> <p>Name: _____</p> <p>Physical Address: _____</p> <p>Mailing Address: _____</p> <p>Phone Number: _____</p> <p>Email: _____</p>
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<u>Pool Details</u>	
<u>Pool Type:</u> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Wade <input type="checkbox"/> PIWF <input type="checkbox"/> Other <input type="checkbox"/> : _____	
<u>Pool Location:</u> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Combination <input type="checkbox"/>	
<u>Pool Specifications:</u>	
Volume (gallons) _____	Flow Rate (gpm) _____
Pipe Diameter (inches) _____	
<u>Type of Main Drain:</u> Single <input type="checkbox"/> Dual <input type="checkbox"/>	
<u>SVRD or AVS Installed</u> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	

Pump <input type="checkbox"/>	Anticipated Change Date: _____
Current Equipment	Proposed Equipment
Make: _____	Make: _____
Model: _____	Model: _____
Size: _____	Size: _____
Flow Rate Capacity: _____	Flow Rate Capacity: _____

Filter <input type="checkbox"/>		Anticipated Change Date: _____	
Current Equipment		Proposed Equipment	
Type: Sand <input type="checkbox"/> Cartridge <input type="checkbox"/> DE <input type="checkbox"/>	Type: Sand <input type="checkbox"/> Cartridge <input type="checkbox"/> DE <input type="checkbox"/>	Type: Sand <input type="checkbox"/> Cartridge <input type="checkbox"/> DE <input type="checkbox"/>	Type: Sand <input type="checkbox"/> Cartridge <input type="checkbox"/> DE <input type="checkbox"/>
Make: _____	Make: _____	Make: _____	Make: _____
Model: _____	Model: _____	Model: _____	Model: _____
Filter Area (ft ²): _____	Filter Area (ft ²): _____	Filter Area (ft ²): _____	Filter Area (ft ²): _____
Max Flow Rate: _____	Max Flow Rate: _____	Max Flow Rate: _____	Max Flow Rate: _____

Chemical Feeder <input type="checkbox"/>		Anticipated Change Date: _____	
Current Equipment		Proposed Equipment	
Type: Chlorine <input type="checkbox"/> Bromine <input type="checkbox"/> Salt <input type="checkbox"/>	Type: Chlorine <input type="checkbox"/> Bromine <input type="checkbox"/> Salt <input type="checkbox"/>	Type: Chlorine <input type="checkbox"/> Bromine <input type="checkbox"/> Salt <input type="checkbox"/>	Type: Chlorine <input type="checkbox"/> Bromine <input type="checkbox"/> Salt <input type="checkbox"/>
Make: _____	Make: _____	Make: _____	Make: _____
Model: _____	Model: _____	Model: _____	Model: _____
Capacity (lbs/day): _____	Capacity (lbs/day): _____	Capacity (lbs/day): _____	Capacity (lbs/day): _____

Acid Feeder <input type="checkbox"/>		Anticipated Change Date: _____	
Current Equipment		Proposed Equipment	
Type: _____	Type: _____	Type: _____	Type: _____
Make: _____	Make: _____	Make: _____	Make: _____
Model: _____	Model: _____	Model: _____	Model: _____
Capacity (gal/day): _____	Capacity (gal/day): _____	Capacity (gal/day): _____	Capacity (gal/day): _____

SVRD or AVS <input type="checkbox"/>		Anticipated Change Date: _____	
Current Equipment		Proposed Equipment	
Make: _____	Make: _____	Make: _____	Make: _____
Model: _____	Model: _____	Model: _____	Model: _____

Heater/Boiler <input type="checkbox"/>		Anticipated Change Date: _____	
Current Equipment		Proposed Equipment	
Make: _____		Make: _____	
Model: _____		Model: _____	
BTUS: _____		BTUS: _____	

<u>(Official Use Only)</u>	
Reviewer: _____	Date: _____
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	