



Swimming Pool Change Order Request Form

Water Facilities Permitting 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 #:

STICKER #:

ADDRESS:

CITY:

STATE:

ZIP:

COUNTY:

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

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

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 #):

***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:

SC DHEC
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 the left column of section 2, enter the FACILITY's information including: name of facility, address, city, state, zip.

In the right column of section 2, enter the FACILITY's information including: permit number, sticker number, county, and circle the pool type (A, B, C, D, E, F).

SECTION 3. PROJECT DESCRIPTION

Circle (YES or NO) whether additional plans or sketches are attached to the change order request.

Using the space provided, describe the proposed changes to the swimming facility.

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.

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.