



Drinking Water Protection Division Swimming Pool Change Order Request Form

Please Print or Type Clearly.

Date:		Total # of Pages Included:	
I. CONTACT INFORMATION			
Sender Name:		Facility Owner:	
Company Name:		Primary Contact:	
Address:		Address:	
City:		City:	
State:	Zip Code:	State:	Zip Code:
Phone #:	Fax #:	Phone #:	Fax #:
Email:		Email:	
II. FACILITY INFORMATION			
Name:		Permit #:	
Address:			
City:		State:	Zip Code:
County:		Pool Type:	
Pool Surface Area (ft ²):	Pool Volume (gallons):	Recirculation Flow (GPM):	
III. PROJECT DESCRIPTION <i>(if more space is required, use the back of this sheet or attach extra pages)</i>			
Is this Project cost \$10,000.00 or greater? YES NO If Yes, provide SCLLR SP Contractor License #:			
Are additional plans or sketches attached with this request? YES NO			
IV. EQUIPMENT CHANGE INFORMATION			
Proposed Equipment: <i>(Make & Model #)</i>		Existing Equipment: <i>(Make & Model #)</i>	
		Disinfection Equipment:	
		Pump Make & Model:	# of Pumps:
		Filter Make & Model:	# of Filters:
<i>*PLEASE NOTE: If change order request involves piping or structural changes, stamped engineering drawings must be submitted.</i>			
Signature of Sender:			
THIS AREA FOR DEPARTMENT USE ONLY			
Is this change order approved? YES NO		Are there any special conditions? YES NO <i>(If 'YES', see attached.)</i>	
Department Signature:		Date: <i>This change order is valid for one year from the approval date.</i>	
*PLEASE NOTE: A final inspection is required prior to operation. When modifications have been completed, contact _____ at (_____) _____ 3 days prior to scheduling the inspection.			



SC DEPARTMENT of
**ENVIRONMENTAL
SERVICES**

Instructions for Completing DES 3627

Title, Revision:

Swimming Pool Change Order Request Form

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:

SCDES - Recreational Waters
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.

I. 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.

II. 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.

III. PROJECT DESCRIPTION

- Using the space provided, describe the proposed changes to the swimming facility.
 - » Check (YES or NO) on if this project cost \$10,000.00 or more. If Yes include SCLLR SP contractor license number.
 - » Check (YES or NO) whether additional plans or sketches are attached to the change order request.
- *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.