



**Compliance Assurance Division  
Swimming Pool Incident Report**

Please Print or Type Clearly.

<b>I. FACILITY INFORMATION</b>					
Name:			Permit #:		
Address:					
City:		State:		Zip Code:	
County:			Phone #:		
Pool Type: <i>(Select one)</i> A        B        C        D        E        F        G					
<b>II. OWNER INFORMATION</b>					
Name:					
Address:					
City:		State:		Zip Code:	
Phone #:					
<b>III. INCIDENT INFORMATION</b>					
Type of Incident: <i>(Select one)</i> A. Drowning        B. Immersion        C. Cut/Abrasion        D. Other:					
Date of Incident:			Time of Incident:		
Was 911, Ambulance, or an Emergency Room Visit Required: <i>(Select one)</i> YES        NO					
Age Range of Victim: <i>(Select one)</i>		Child: 0-18	Adult: 18-65	Senior Citizen: 65+	Gender:    M        F
<b>WITNESSES</b>					
Name:					
Name:					
DESCRIPTION OF INCIDENT AND ACTION TAKEN:					
Police Report Attached: <i>(Select one)</i> YES        NO					
Owner's Signature:			Date:		



## **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 - 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.

#### *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 LLR contractor license number.
  - » Check (YES or NO) whether additional plans or sketches are attached to the change order request.

#### *IV. 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.