



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

Equipment Change Application

Establishment Contact Information	Applicant Contact Information
Name: _____	Name: _____
Physical Address: _____	Mailing Address: _____
Mailing Address: _____	Phone Number: _____
Phone Number: _____	Email: _____
Email: _____	Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone

Pool/Spa Details (list all applicable permits)
Permit Number: _____ Volume: _____ Flow Rate: _____
Equipment to be changed: <input type="checkbox"/> Piping <input type="checkbox"/> Pump <input type="checkbox"/> SVRD <input type="checkbox"/> Filter <input type="checkbox"/> Heater <input type="checkbox"/> Chemical Feed <input type="checkbox"/> Secondary Disinfectant
Permit Number: _____ Volume: _____ Flow Rate: _____
Equipment to be changed: <input type="checkbox"/> Piping <input type="checkbox"/> Pump <input type="checkbox"/> SVRD <input type="checkbox"/> Filter <input type="checkbox"/> Heater <input type="checkbox"/> Chemical Feed <input type="checkbox"/> Secondary Disinfectant
Permit Number: _____ Volume: _____ Flow Rate: _____
Equipment to be changed: <input type="checkbox"/> Piping <input type="checkbox"/> Pump <input type="checkbox"/> SVRD <input type="checkbox"/> Filter <input type="checkbox"/> Heater <input type="checkbox"/> Chemical Feed <input type="checkbox"/> Secondary Disinfectant

Equipment information (copy of proposed equipment manufacturer's instructions required)		
<u>Current Equipment</u>	<u>Proposed Equipment</u>	Anticipated Change Date:
Make: _____	Make: _____	_____
Model: _____	Model: _____	<input type="checkbox"/> Manufacturer's Instructions

(Official Use Only)	
Pre-installation Specifications and Equipment sizing	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Reviewer: _____	Date: _____
Post-installation Specifications met and Manufacturer's Instructions followed	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Reviewer: _____	Date: _____