

### Aquatic Venue Substantially Similar Equipment Replacement

**Substantially Similar** is defined as: *The replacement of equipment that has identical hydraulic characteristics and performs to the same manufacturer's specifications.* **Note:** This does not include identical equipment replacements. See the Like Equipment Replacement process for more information.

Southern Nevada Health District 2018 Aquatic Facility Regulations, section 2-103.3, requires an aquatic facility owner to contact the Health Authority for review and approval prior to replacing equipment at an aquatic facility with substantially similar equipment. **Submission and written approval must occur prior to the start of such work.**

#### Instructions for Submission:

- One complete form must be filled out for each aquatic venue\*
- Equipment specifications are required. All materials, details, equipment information, specifications, and any other required information must be provided in the submission documentation\*
- Applications, specifications, and additional documentation may be submitted electronically. To drop off hard copies of applications or samples, contact [aquatic@snhd.org](mailto:aquatic@snhd.org) for information.

\*Note: Incorrect or incomplete applications or documentation may require revisions and resubmittal and will result in a delay of the project. Ensure that all applications are correct **prior** to initial submittal.

#### Fees:

- All review fees must be paid at the time of submission. The review will not begin until all appropriate fees have been paid. Changes in design, corrections to plans, missed appointments, etc., will result in additional fees.
- Fees may be assessed when additional services are required, such as any requested field inspections.

#### Review and Approval:

The Health Authority shall provide a written response to the owner or owner's representative upon completion of the review indicating approval or disapproval of the replacement. In the case of disapproval, specific reasons will be given with procedures for resubmittal.

**Undisclosed design or operational characteristics on the plans and/or applications do not constitute approval of such mistakes or omissions. Proper development of the project is the responsibility of the contractor, design professional, and the various parties involved in the project.**

\*Note: Approval by SNHD does not constitute approval of, nor provide relief from, any requirements of local, state, or federal jurisdictions. It is the responsibility of the permit holder to ensure that the requirements of all applicable regulations, ordinances, codes, or laws are met. SNHD approval is required prior to the start of construction.

#### Inspections:

Inspections are not required for substantially similar replacements.



## Environmental Health Division – Aquatic Health Program

Email: [aquatic@snhd.org](mailto:aquatic@snhd.org) | Phone: (702) 759-0572

It is the responsibility of the aquatic facility owner to ensure proper installation, operation, and maintenance of all equipment installed. If it is determined at a later date that the equipment installed is not substantially similar or does not meet the requirements of the Regulations, immediate replacement of the equipment and additional review fees may be required.

**I, the undersigned, as a representative of the permit holder/applicant, understand and agree to be held to the conditions/responsibilities as provided in this document:**

Name, Print: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Date: \_\_\_\_\_ Name of Facility: \_\_\_\_\_

**Aquatic Venue Substantially Similar Replacement  
(Complete one per aquatic venue)**

Facility Information			
Facility Name:			
Aquatic Venue Name:		Permit Number (from health permit) PR:	
Facility Site Address:		City:	State: Zip:
Assessor Parcel Number (APN):			

Contractor Information			
Pool Contractor Name:		Company:	
Contact Person:			
Address:		City:	State: Zip:
Telephone:		Email:	
Classification:	License #:	Expiration:	

Facility/Staffing Information			
Management Name:		Company:	
Contact Person:			
Address:		City:	State: Zip:
Telephone:		Email:	

**Replacement Scope of Work (describe the equipment to be replaced):**

**Existing Equipment (manufacturer, model #, HP, output, operational specifications, etc.; equipment specs must be provided):**

**New Equipment (manufacturer, model #, HP, output, operational specifications, etc.; equipment specs must be provided):**