



**FLORIDA DEPARTMENT OF HEALTH
CHARLOTTE COUNTY**

ENVIRONMENTAL HEALTH AND ENGINEERING

Charlotte.FloridaHealth.gov



**APPLICATION FOR
CHEMICAL FEEDER ALTERATION**

Name of Facility: _____

Address of Facility: _____

Permit Number _____: EE/EH Inspector: _____

Contact Person: _____ Telephone #: _____

Pool Contractor: _____ License #: _____

Pool Contractor Address: _____

Electrician / EE: _____ License # _____

Volume of Pool _____: Flow Rate: _____

Original / Existing (underline applicable) Disinfectant Feeder:

Make _____ Model _____ Capacity _____

Original / Existing (underline applicable) pH Feeder:

Make _____ Model _____ Capacity _____

Proposed / Existing /Additional (underline applicable) Disinfectant Feeder:

Make _____ Model _____ Capacity _____

Proposed / Existing /Additional (underline applicable) pH Feeder:

Make _____ Model _____ Capacity _____

Sketch of the proposed installation: (attach a flow chart showing how the feeder is connected to the pool equipment.) All equipment must be inaccessible to public.

Approval by Charlotte County Health Department must be granted before installation of the equipment.

There is \$150.00 chemical feeder alteration fee payable to: The Charlotte County Health Department.

I certify that above information is accurate to the best of my knowledge.

Signature _____

Date _____