



FLORIDA DEPARTMENT OF HEALTH IN LEE COUNTY  
 ENVIRONMENTAL HEALTH AND ENGINEERING  
 Lee.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 Lee County Health Department must be granted before installation of the equipment.**

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_