



Rick Scott
Governor

H. Frank Farmer, Jr., M.D., Ph.D., FACP
State Surgeon General

**APPLICATION FOR
CHEMICAL FEEDER ALTERATION**

Name of Facility _____ Location _____

Owner/Address _____

Permit Number _____ EE/EH Inspector _____

Contact Person _____ Telephone # _____

Pool Contractor _____ License # _____

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.

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 _____



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