

**For Department Use Only**

Fee Received \$ _____ Date _____

Check# _____ From _____

Application Type: (check box, see instructions on back)

☒ Initial Permit ☐ Modification☐ Transfer, change of owner or name☐ RenewalOperating Permit # -60-

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR A SWIMMING POOL OPERATING PERMIT**

1. Project /Facility Name: Hammock Park Amenity - POOL County: CollierAddress of Pool: 8150 Rattlesnake Hammock Rd City: NAPLES, FL Zip: 341142. Owner Name Hammock Park Residential, LLC E-Mail: gary@fl-star.com Phone: (239)821.8815Mailing Address: 3520 Kraft Road, #201 City: Naples State: FL Zip: 341053. Building Dept. Name: Collier County Growth Management Dept Building Plan Review &+2800 N Horseshoe Dr Naples, FL 34104

Mailing Address City Zip

(239) 252-2400
E-mail Address Phone Number4. Design Engineer/Architect Name: J. KENT KIMES, P.E. (FL#33678)Phone Number: (941)749-0311 E-mail: kent@kimesengineering.com5. Pool Water Source (Name of Public Water System): COUNTY6. Lighting (check one): ☒ No Night Swimming
☐ Outdoor: Three foot candles overhead and 1/2 watt per square foot of pool surface area underwater
☐ Indoor: Ten foot candles overhead and 8/10 watt per square foot of pool surface area underwater7. Pool Volume in Gallons: Main Pool 67,745 Spa Pool _____ Other _____8. Pool Bathing Load: 54 Number & Type of Dwelling Units Served: 265 (non-transient)9. Pool Dimensions: Width: 35' Length: 70' Area: 2,450.0 Perimeter: 210.0 Depth: Max. 5' Min. 3'10. Water Treatment Equipment Manufacturer and Model: **THROTTLED TO 210 GPM**(A) Recirculation Pump: Pentair, EQ (340031) Flow 300 GPM At 50' TDH HP 5(B) Filter: (34) 13.5x24 D.E. Grids Area: 153 Sq. Ft. Flow Capacity 306 GPM(C) Disinfection Equipment: ROLA-CHEM (RC-307) Capacity 77 **(GPD)** or (PPD)

(Secondary Disinfection if Applicable): _____

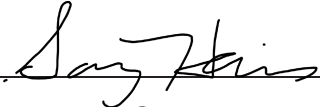
(D) pH Adjustment Feeder: ROLA-CHEM (RC-305) Capacity 38 (GPD)(E) Test Kit: TAYLOR K-2006 COMPLETE (FAS-DPD CHLORINE)

11. Other Equipment Details: _____

REMARKS: _____

CERTIFICATION OF OWNER

The undersigned owner, or owner's representative, hereby agrees to operate the pool described in this application in accordance with the requirements of Chapter 514 of the Florida Statutes (F.S.), and Chapter 64E-9 of the Florida Administrative Code, and maintain the original construction approved under the Florida Building Code by the jurisdictional building department. This agreement includes keeping a daily record of the information regarding pool operation on the monthly report form furnished by the department or on other forms approved by the department and when requested, submission of the completed form to the appropriate county health department.

Sign: 
Name: Gary Hains
(Print or type)

Date: 1.05.2023
Title: Managing Partner
(Print or type) If not the Owner, attach authorization from Owner

THIS SECTION FOR DOH USE ONLY:

Building Department Construction Approval Date: _____ Approval Number: _____

CERTIFICATION OF INSPECTION

I hereby certify that an inspection of this pool has been made and the foregoing information is correct to the best of my knowledge and belief. It is recommended the first annual operating permit be granted subject to the provisions of the Florida Administrative Code.

Signature DOH Engineer/Authorized Staff

Date

Print Name

[] Change data entered into EHD by _____ on _____

Instructions- Before submitting application to DOH:

For Initial Permit: Complete the entire application with owner certification. Include the original and one copy of this completed form, a copy of construction plans & specs to be submitted to the building department (electronic copy in PDF, TIF or JPG format is acceptable), and the appropriate fee. The operating permit number will be entered by DOH staff. This application will not be complete until a copy of the final building department inspection is received.

For Modification: Enter existing operating permit number, complete items 1 - 4, note proposed or completed changes in the appropriate sections, and complete the owner certification. Include a copy of the construction plans & specs to be submitted to the building department (electronic copy is acceptable). This application will not be complete until a copy of the final building department inspection is received.

For Transfer: Enter existing operating permit number, complete items 1 and 2, then note changes in the remarks section, and complete the owner certification. There is no fee or building plans required for a transfer permit reissued due to change of ownership, name of facility, phone number, or mailing address.

For Renewal: Enter existing operating permit number, complete items 1 and 2, and complete the owner certification. There is an annual operating permit fee charged for renewal.