

| For Department Use Only | | | |
|-------------------------|------|------|--|
| Fee Received \$ | | Date | |
| Check# | From | | |

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

- [] Initial Permit [X] Modification
- [] Transfer, change of owner or name
- [] Renewal

Operating Permit #____

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

This original form is to be completed and submitted with one copy, a set of construction plans & specs, a copy of the building department's final inspection along with the appropriate fee.

| 1. | Name of Project /Facility Sun-N-Fun Lagoon County Collier |
|-----|---|
| | Address of Pool 15000 Livingston Rd City Naples Zip 34109 |
| 2. | Name of Owner Collier County E-Mail Dayne.Atkinson@colliercountyfl.gov Phone (239)252-5337 |
| | Mailing Address 15000 Livingston Rd City Naples State FL Zip 34109 |
| 3. | Building Department Name: Collier County GMD TBD (TBD |
| | 3299 Tamiami Trail EastContact PersonPhone NumberNaples, FL, 34112 |
| | P.O. Box or Street Address City, State, Zip Code |
| | TBD |
| | E-mail Address |
| 4. | Pool Water Source Existing Pool, no changes to water source |
| 5. | 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 underwater |
| 6. | Pool Volume in Gallons: Main Pool <u>184,404</u> Wading Pool Spa Pool Other Other |
| 7. | Pool Bathing Load: 180 Number of Dwelling Units |
| 8. | Pool Dimensions: Width: <u>N/A</u> Length: <u>N/A</u> Area: 7.123 SF Perimeter: 371 FT Depth: Max. 54" Min. 8" Shape: <u>Rectilinear</u> |
| 9. | Water Treatment Equipment Make and Model: NOTE: All recirculation equipment is existing and will be reused for this pool. The information below is taken from the original 2004 facility design plans, since no changes are being made. |
| | (A) Recirculation Pump: 2 Pumps: ITT-Marlow, Model #4SPC15EC Flow 450 GPM At 69' TDH 15 HP |
| | (B) Filter: US Filter, Hi-Rate Sand Filter, Model #60-30-2 Area 60 Sq. Ft. Flow Capacity 900 GPM @ 15 GPM/SF |
| | (C) Disinfection Equipment: Stenner Peristaltic Feed Pump, Model #100DMS Capacity 100 GPD Max (GPD) or (PPD) |
| | (Secondary Disinfection if Applicable) N/A |
| | (D) pH Adjustment Feeder: Stenner Peristaltic Feed Pump, Model #85M5 Capacity 85 GPD Max (GPD) |
| | (E) Test Kit: Existing test kit will be reused. Test kit is on site. |
| lar | D. Equipment Substitutions Modifications to the existing pool include: Removal of island with palm tree and landscaping; removal of indecape bed and retaining wall; addition of sun shelfs in 3 locations; and addition of geyser activities in north sun shelf. Existing filtration |
| pu | imps are being reused with no change in flow rate, and one of the existing activity pumps will be reused (the other will be abandoned). |

The outer shape/perimeter of the pool shell is not being modified; all changes are inside of the pool shell proper.

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.

| Signed Theed D. Dongaley | Date February 8, 2023 | |
|--|--|--|
| Name <u>Reed Gonzalez</u> (print or type) | Title Project Manager, Water Technology, Inc. (print or type) | |
| REMARKS: | | |
| Design Engineer/Architect Name: Reed Gonzalez, Water Technology, Inc. | Telephone: 615-507-0464 / rgonzalez@wtiworld.com | |
| Building Department Construction Approval Date | Approval Number | |
| CERTIFICATION OF I hereby certify that an inspection of this pool has been made and the fo | pregoing information is correct to the best of my knowledge and | |
| belief. It is recommended the first annual operating permit be granted s | ubject to the provisions of the Florida Administrative Code. | |
| Signature DOH Engineer/Authorized Staff | Date | |
| Print Name | | |
| I Change data entered into EHD by on | | |

Instructions- Before submitting application to DOH:

For Initial Permit: Complete the entire application with owner certification. Include original and one copy of this completed form, a copy of construction plans & specs submitted to the building department (electronic copy in PDF, TIF or JPG format is acceptable), a copy of the building department final inspection approval, and the appropriate fee. Provide design engineer's name and phone number in REMARKS. The operating permit number will be entered by DOH staff.

For Modification: Complete items 1 - 3, enter existing operating permit number, note proposed or completed changes in the appropriate sections, and complete the owner certification on page 2. Include a copy of the construction plans & specs submitted to the building department (electronic copy is acceptable) and a copy of the building department's final inspection approval. Provide design engineer's name and phone number in REMARKS.

For Transfer: Complete items 1 and 2, enter existing operating permit number, then note changes in the page 2 owner remarks section, and complete the owner certification on page 2. 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: Complete items 1 and 2, enter existing operating permit number, and complete the owner certification on page 2. There is an annual operating permit fee charged for renewal.