



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR A SWIMMING POOL EXEMPTION STATUS  
32 UNITS OR LESS**

This form is to be completed and submitted in duplicate, along with supporting documentation as necessary.

1. Name of Pool \_\_\_\_\_

Location of Pool \_\_\_\_\_

2. Name of Owner \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**3. THIS POOL MEETS THE FOLLOWING CONDITIONS FOR EXEMPTION QUALIFICATION:**

A. This pool will serve no more than 32 condominiums or cooperative living units.  Yes  No  
( Attach supporting documentation, identification and description of units)

B. Condominium or living units being served by this pool are not licensed as a public lodging establishment.  Yes  No

C. The water quality of the pool will be maintained as follows:  Yes  No

(1) The pool water has at least 1.0 mg/L free active chlorine residual or 1.5 mg/L bromine residual.

(2) Spa pool water shall have not less than 2 mg/L free active chlorine residual, or 3 mg/L bromine residual.

(3) The pH range of the water shall be maintained between 7.2 and 7.8.

(4) The water clarity shall be such as to be able to clearly see the main drain from the pool deck.\_

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**CERTIFICATION OF OWNER**

The undersigned owner, or owner's representative, certify that this pool qualifies for exemption from supervision under Chapter 514, Florida Statute, and Chapter 64E-9 Florida Administrative Code, except for water quality conditions listed above. If the exemption conditions change to eliminate the exemption status, this pool will be modified as necessary to comply with the provisions of the Chapter 64E-9 of the Florida Administrative Code.

**It will be the owner's responsibility to inform any future owners of the conditions for this exemption status.**

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

Name/Title \_\_\_\_\_

Please print or type

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It is recommended that exemption status be  granted  denied, subject to the provisions of the Florida Administrative Code

\_\_\_\_\_  
DOH Engineer / Environmental Specialist

\_\_\_\_\_  
Print Name