

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

# POOL CHEMISTRY CORRECTION NOTICE FAX/E-MAIL TO INSPECTOR

INSPECTOR NAME: \_\_\_\_\_ INSPECTOR E-MAIL: \_\_\_\_\_@flhealth.gov

INSPECTOR FAX #: (727) 538-7293 INSPECTOR PHONE #: (727) \_\_\_\_\_

POOL NAME: \_\_\_\_\_

POOL ADDRESS: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_ POOL FAX #: \_\_\_\_\_

FAX/E-MAIL DATE: \_\_\_\_\_ FACILITY E-MAIL: \_\_\_\_\_

**\*\*\*\*\*PLEASE SIGN BOTTOM OF PAGE\*\*\*\*\***

## CHEMISTRY READINGS:

DATE TESTED: \_\_\_\_\_ TIME: \_\_\_\_\_

Ph TEST (ppm): \_\_\_\_\_ FREE CHLORINE TEST (ppm): \_\_\_\_\_

CHLORINE STABILIZER: (mg/L) \_\_\_\_\_

Upon re-opening closed Pool/Spa, fax or e-mail signed notice to the inspector listed above by the re-inspection date. Failure to comply with this notice will result in a re-inspection and possible associated fees.

I \_\_\_\_\_ attest to the accuracy of the above readings.

Print name of person performing test

SIGNATURE: \_\_\_\_\_