

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**Rules 64E-9.001, .004, .008, .013, .015, .016, .017, Florida Administrative Code****Rule Workshop
April 23, 2025****9:00 a.m. – 4:00 p.m. ET, or to conclusion of workshop, whichever is first****12:00 p.m.– 1:00 p.m., ET, Lunch break****Location: 4025 Esplanade Way, Room 301, Tallahassee, FL 32311****Join the meeting by MS Teams:**

https://teams.microsoft.com/l/meetup-join/19%3ameeting_NjY5NDA2ZmYtNGE1Zi00YzhkLTkwMTYtNDIwYjgwZjc1MDU1%40thread.v2/0?context=%7b%22Tid%22%3a%2228cd8f80-3c44-4b27-81a0-cd2b03a31b8d%22%2c%22Oid%22%3a%229bf061b4-3dcb-45bc-addd-c41d4fae7e09%22%7d

Or join meeting by web browser (audiovisual):

<https://meetme.flhealth.gov/webapp/?conference=681122083395@meetme.flhealth.gov>

Or join meeting by telephone (audio only):

+1 850-792-1375, conference ID 662 979 885#

AGENDA

- ⊕ Welcome & Introduction
- ⊕ Rules of the Workshop
- ⊕ Rule Review & Discussion
- ⊕ Adjourn

Written comments can be submitted by email to: HSE.zzzzFeedback@flhealth.gov no later than 5:00 p.m. ET, on Monday, April 28, 2025.

Florida Department of Health

Division of Disease Control and Health Protection
Bureau of Environmental Public Health
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FloridaHealth.gov

Accredited Health Department
Public Health Accreditation Board

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64E-9.001 General.

(1) through (2) No change.

(3) A public pool owner or their agent shall first make application to the department for an initial operating permit on form **DH 4159**, Application for a Swimming Pool Operating Permit, ~~month/2025 9/2015~~, herein incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-06893>, along with the accompanying information listed in Section 514.031(1)(a), F.S., the required fee and a copy of the construction plans and specifications. The application shall be deemed incomplete pursuant to Section 120.60, F.S., until a copy of the final building department inspection is received by the department.

(a) through (c) No change.

(4) Annually, the pool owner/operator shall apply for an operating permit renewal from the department on form DH 4159, or by notification to the Department of changes on the annual permit payment invoice, or online at MyFloridaEHpermit.com. Approval of the permit shall be based upon the pool's compliance with this chapter, with the previous operating permit, and the maintenance of the pool in the same functional, safety, and sanitation conditions as approved by the jurisdictional building department or the department. For the purposes of this determination, department staff shall refer to and use the Florida Building Code (FBC), Building Chapter 4, public swimming pool Section 454.1, or its predecessor, that was in effect at the time of the pool's construction permitting. Annual operating permits expire on June 30.

(5) The ~~2023~~ 2014 FBC section 454.1 is hereby incorporated by reference, has been deemed copyright protected, and is available for inspection at the Department of Health, Bureau of Environmental Health, 4025 Esplanade Way, Tallahassee, Florida 32399-1710 or at the Department of State, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250, or online at the International Code Council Digital Files site for the FBC at: https://codes.iccsafe.org/content/FLBC2023P2/chapter-4-special-detailed-requirements-based-on-occupancy-and-use#FLBC2023P2_Ch04_Sec454.

Rulemaking Authority 381.006, 514.021 FS. Law Implemented 381.006, 514.0115(5), 514.021, 514.03, 514.031, 514.05, 514.06 FS. History—New 10-5-93, Formerly 10D-5.130, Amended 12-27-98, 5-27-04, 5-24-09, 7-20-16,_____.

64E-9.004 Operational Requirements.

(1) Water Quality – The water supply for all pools shall be an approved potable water system or shall meet the requirements for potable water systems by the submission from the operator of annual bacteriological and chemical laboratory reports to the county health department. Salt water sources are exempt from the potable water chemical standards except for iron and color requirements.

(a) through (c) No change.

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(d) Chemical quality – Chemicals used in controlling the quality of the pool water shall be tested and approved using the NSF/ANSI/CAN Standard ~~60-2024~~ ~~60-2024~~, Drinking Water Treatment Chemicals-Health Effects, ~~February 13, 2024~~ ~~April 16, 2024~~, or Chapter 27 of NSF/ANSI/CAN Standard ~~50-2024~~ ~~50-2020~~, Equipment and Chemicals for Swimming Pools, Spas, Hot Tubs, and Other Recreational Water Facilities, ~~January 31, 2024~~ ~~October 21, 2020~~, and shall be compatible with other accepted chemicals used in pools. NSF/ANSI/CAN Standard ~~60-2024~~ ~~60-2024~~ and Chapter 27 of NSF/ANSI/CAN Standard ~~50-2024~~ ~~50-2020~~ are incorporated by reference, have been deemed copyright protected, and are available for inspection at the Department of Health, Bureau of Environmental Health, 4025 Esplanade Way, Tallahassee, Florida 32311 or at the Department of State, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250. The following parameters shall be adhered to for pool water treatment:

1. through 2. No change.

3. When oxidation-reduction potential (ORP) controllers are required, the water potential shall be kept between 700 and 850 millivolts. Free chlorine residual probe may be used in place of ORP for controllers that measure the chemical. Use of these controller units does not negate the manual daily testing requirement of subsection 64E-9.004(10), F.A.C.

4. Cyanuric acid – 100 mg/L maximum in pools, with 40 mg/L as the recommended maximum, and 40 mg/L maximum in spa pools. Indoor pools shall not have cyanuric acid added and shall be maintained at zero (0) mg/L.

5. through 7. No change.

(e) No change.

(2) Manual addition of chemicals will be allowed under special conditions and requires that the pool be closed prior to addition and for at least 1 hour period after addition or a longer period as necessary for sufficient and safe distribution of the chemical. After treatment for breakpoint chlorination and algae prevention, use of the pool or spa can be resumed when the free chlorine levels drop to 10.0 mg/L, or less.

Commented [BV1]: Clarify

(3) through (4) No change.

(5) Swim-up bars are permitted as provided in this subsection. A “swim-up bar” means a public swimming pool used for the consumption of food or beverage by people and may include a permanent bar or counter within the pool area from which food and beverage are served to people in the pool. Swim-up bars must meet with the following criteria:

(a) through (g) No change.

(h) Pool water obstructions for swim-up bar seating must be installed and maintained as described in the Florida Building Code.

(6) through (9) No change.

(10) Test kits are required to be on the premises of all pools to determine free active chlorine and total

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chlorine using N, N-Diethyl-p-Phenylenediamine (DPD), or available bromine level, total alkalinity, calcium hardness, and pH. ~~NSF/ANSI/CAN Standard 50-2020 level 1 accuracy certified w/~~Water quality test devices/kits or specific laboratory analysis methods identified by the chemical product manufacturer must be available to determine the concentration in pool water of all NSF/ANSI/CAN Standard 60-2024 ~~60-2024~~ approved chemicals that are fed or added to a public pool, or the chemical cannot be used. NSF/ANSI/CAN Standard 50-2024 ~~50-2020~~, Equipment and Chemicals for Swimming Pools, Spas, Hot Tubs and Other Recreational Water Facilities, January 31, 2024 ~~October 1, 2020~~, is hereby incorporated by reference, has been deemed copyright protected, and is available for review at the Department of Health, Bureau of Environmental Health, 4025 Esplanade Way, Tallahassee, Florida 32311 or at the Department of State, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250.

(a) through (d) No change.

(11) through (12) No change.

Rulemaking Authority 381.006, 514.021 FS. Law Implemented 381.006, 514.021, 514.031 FS. History—New 10-5-93, Formerly 10D-5.133, Amended 12-27-98, 5-27-04, 5-24-09, 7-20-16, 6-11-23,_____.

64E-9.008 Supervision and Safety.

(1) No change.

(2) Lifeguard and Swimming Instructor Requirements.

(a) No change.

(b) Lifeguards or swimming instructors, if provided, shall be in full charge of persons using the pool and shall have authority to enforce all rules. Lifeguards and swimming instructors shall be certified in lifeguarding or swimming instruction, respectively, by the American Red Cross (ARC), the YMCA or other equivalent national aquatic training agencies which meet the established standards, objectives and standards of care provided in the American Red Cross or YMCA programs. For the purpose of this rule, the standards found in

The 2024 2007 edition of the ARC Lifeguarding Instructors Manual,

the 2024 edition of the ARC Lifeguarding Manual,

the 2014 2009 edition of the ARC-Water Safety Instructors Manual,

the 2014 edition of the ARC Swimming and Water Safety Manual,

the 2024 V7 edition of the On the Guard, The YMCA Lifeguard Manual, (2011) Fifth Edition, and

the 2024 YMCA Lifeguard V7 Program (including Instructor Guide, Pool Instructor Guide, Instructor Resource Guide, Participant Guide, and blended learning modules),

and the 2016 YMCA Swim Lessons V6 Program (including Instructor Trainer Guide, Trainer Resource Guide, Swim Instructor Toolkit, Participants Guide, and blended learning modules),

The Youth and Adult Aquatic Program Manual (1999), and (YMCA) The Parent/Child and Preschool

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Aquatic Program Manual (1999)

are hereby adopted by reference, have been deemed copyright protected, and are available for review at the Department of Health, Bureau of Environmental Health, 4025 Esplanade Way, Tallahassee, Florida 32399-1710 or at the Department of State, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250. Swimming instructors of developmentally disabled students shall also be certified in accordance with Section 514.072, F.S.

(c) Lifeguards and swimming instructors shall also be currently certified in first aid and in adult, child and infant cardiopulmonary resuscitation, and use of an Automatic External Defibrillator (AED) through the American Red Cross, the American Heart Association, the National Safety Council, the American Academy of Orthopaedic Surgeons, by Medic First Aid International, Inc., or by American Safety and Health Institute.

(d) Swim coaches are exempted from the swimming instructor certification requirement when training advanced level swimmers for competition.

(e) Verification of equivalence, as required above and in accordance with section 514.071, F.S., shall be the responsibility of the department. The department may ~~shall~~ form an ad hoc advisory group composed of professionals in the field of aquatics. This group shall consist of up to five members and shall make recommendations to the department regarding the equivalence of lifeguard or swimming instructor certification programs submitted to the department under paragraph (b), above. The department may accept an aquatic training program for lifeguards as nationally recognized when certified by the Council for the Model Aquatic Health Code under the requirements of the current version of the U.S. Centers for Disease Control and Prevention Model Aquatic Health Code. ~~Members shall be appointed for a period of 3 years with such appointments being staggered so that the terms of no more than two members expire in any one year.~~

(f) No change.

(3) Safety Equipment – All pools shall be equipped with the following:

(a) through (b) No change.

(c) At least one 16--24 48-inch diameter lifesaving ring approved or certified under a nationally recognized water safety device standard, with sufficient rope attached to reach all parts of the pool from the pool deck. Pools over 50 feet in length shall have a lifesaving ring on each of the longer sides of the pool.

(d) Safety rescue equipment shall be mounted in a conspicuous place visible from the pool's wet deck and be readily available for use. Pictograms showing the rescue equipment's location shall be posted above the actual rescue safety equipment

(e) No change.

(4) through (5) No change.

(6) Pool Rules and regulations – Rules for bathers shall be posted as approved by the jurisdictional building department. Cold water pools shall post additional rules signage that include: a statement regarding maximum

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continuous time a patron should remain in cold water which will depend upon the water temperature, and a statement that shows the maximum temperature of the cold plunge pool water. Font shall be 1-inch-high contrasting the signage background, and legible from the entry point for the pool.

(7) Night swimming – Pools shall not be open for swimming at night unless lighting is provided as approved by the jurisdictional building department. Pools authorized for night swimming shall be noted on the operating permit issued by the department. Night swimming shall be considered ~~from one-half hour before sunset to one-half hour after sunrise.~~ Pool signage may be written “POOL HOURS: SUNRISE TO SUNSET” when night swimming is not approved by the department.

(8) Pools with heaters shall have a maximum water temperature of 104° F and a functional in-line thermometer; pools with chillers shall have a functional in-line thermometer and a minimum temperature of 38° F. Pools with chillers or added ice that cool water to less than 65° F shall have onsite facility staff certified in CPR, first aid and AED use for patron safety.

(9) No change.

(10) General Equipment Maintenance for Safety –

(a) Recirculation and treatment equipment such as, but not limited to filters, recessed automatic surface skimmers, ionizers, ozone generators, UV systems, automatic controllers, disinfection feeders, pH adjustment feeders and chlorine generators must be certified tested and approved using the NSF/ANSI/CAN Standard 50-2024 50-2012. The standard and a list of certified products is available from www.NSF.org, and product certifications are available from other American National Standards Institute (ANSI) 3rd party accredited product certifiers. If standards do not exist for a specific product, the manufacturer should consult NSF or other ANSI accredited product certifier to develop such standards.

(b) The recirculation system shall be operated to maintain a minimum of four turnovers of the pool volume per day (once per 6 hours). Pools that are less than 1000 square feet at health clubs are required to provide eight turnovers per day (once per 3 hours). Other pool types shall maintain the following minimum pool turnover rate: spa pool – 30 minutes; IWF – 30 minutes; cold water pool – 30 minutes; wading pool – 1 hour; water activity pool – 1 hour in poole areas two foot deep or less, and ~~or~~ 2 hours in poole areas over two foot deep; zero depth entry pool – 1 hour in areas less than 18-inches deep and 2 hours in areas 18-inches to three feet deep; water slide plunge pool – 2 hours; river ride – 3 hours, and wave pool – 3 hours. Validation of the turnover rate shall be determined by the rate of the flow indicator.

(c) For compliance with Section 514.0315, F.S., and to ensure the safety of bathers:

1. All safety features shall be tested and replaced when necessary; Suction Vacuum Release System (SVRS) testing shall be accomplished in accordance with the manufacturer's published or web-posted specifications. The operations manual shall be onsite. Suction Outlet Fitting Assembly (SOFA) shall be replaced when broken, damaged or in accordance with the manufacturer's expiration date.

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2. The owner/operator shall provide a completed form DH 4157, Pool Owner/Operator Verification of Entrapment Safety Features, ~~XX/2025~~ ~~09/2016~~, herein incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-06898>, to the department when a change in the safety feature occurs.

3. No change.

(d) No change.

(e) Disinfection and pH adjustment shall be maintained as added to the pool recirculation flow using automatic feeders meeting the requirement of NSF/ANSI/CAN Standard ~~50-2024~~ ~~50-2012~~. All chemicals shall be fed into the return line after the pump, heater and filters, unless the feeder was designed by the manufacturer and approved by the NSF to feed to the collector tank or to the suction side of the pump. Feeding chlorinated isocyanurates disinfectant is prohibited in spas, wading pools and interactive water features. Dual or multiuse feeders can be used if approved for and feeding an acceptable rate of alternate disinfectant. Where pH adjustment feeders are not present on these three types of pools that were required to replace chlorinated isocyanurates feeders, pH adjustment feeders shall be installed. Exception: spa pools of 100 square feet or less with original department approval to be built without a pH adjustment feeder.

1. Gas chlorination – ~~Though gas chlorination has been phased out for new pools in the FBC 2023 edition,~~ ~~When~~ gas chlorination is utilized, the chlorinator shall be maintained as capable of continuously feeding a chlorine dosage of six (6) mg/L to the recirculated flow of the filtration system.

a. Gas chlorinators shall be maintained in above grade rooms and in areas which are inaccessible to unauthorized persons.

b. When booster pumps are used with the chlorinator, the pump shall use recirculated pool water supplied via the recirculation filtration system. The booster pump shall be maintained as electrically interlocked with the recirculation pump to prevent the feeding of chlorine when the recirculation pump is not operating.

2. No change.

3. Feeders for pH adjustment – Feeders for pH adjustment shall be provided on all pools. pH adjustment feeders shall be maintained as positive displacement type, shall be adjustable from zero to full range, and shall have an **electrical** interlock with the circulation pump to prevent discharge when the recirculation pump is not operating. When soda ash is used for pH adjustment, the maximum concentration of soda ash solution to be fed shall not exceed one-half pound soda ash per gallon of water. Feeders for soda ash shall be capable of feeding a minimum of three gallons of the above soda ash solution per pound of gas chlorination capacity. The minimum size of the solution reservoirs shall be maintained as not be less than 50 percent of the maximum daily capacity of the feeder. The solution reservoirs shall be marked to indicate the contents.

4. Ozone generating equipment –

a. The concentration of ozone in the return line to the pool shall not exceed 0.1 mg/L.

Commented [BV2]: Seeking clarification from building code staff on this requirement in FBC

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b. Ozone generating equipment shall be maintained as equipped with an air flow meter and a means to control the flow. The generator shall be maintained as **electrically interlocked** with the recirculation pump to prevent the feeding of ozone when the recirculation pump is not operating. A flow sensor controller can also be used to turn off the feeder when flow is not sensed.

5. UV equipment used for any purpose shall constantly produce a dosage of at least 40 mJ/cm² (milliJoules per square centimeter).

6. Ozone generators shall produce no more than a pool water contact concentration of 0.1 milligrams per liter (mg/L). The contact concentration in mg/L shall be calculated as the amount of ozone in grams per hours divided by the recirculation flow rate in gallons per minute times 4.41.

(11) Maintenance for Safety of Wading Pools –

(a) Automated Oxidation Reduction Potential (ORP) or chlorine controllers and pH controllers with sensing probes shall be maintained to assist in maintaining proper disinfection and pH levels.

(b) No change.

(12) Maintenance for Safety of Spa Pools –

(a) No change.

(b) Automated Controllers – Automated Oxidation Reduction Potential (ORP) or chlorine controllers and pH controllers with sensing probes shall be provided and maintained on spa pools to assist in maintaining proper disinfection and pH levels.

(c) through (d) No change.

(13) Maintenance for Safety of Water Recreation Attractions and Special Purpose Pools – A lifeguard and/or safety plan shall be submitted to the department with the application for the initial operation permit of recreational water slides ~~plunge pools~~ and water activity pools when climbable structures are installed.

(a) No change.

(b) Water activity pools.

1. The recirculation-filtration system of water activity pools shall achieve a minimum of one turnover every two hours for water activity pools areas over two feet deep, and in one hour for these pools areas that are two feet deep or less.

2. All water activity pool signs shall be posted as approved by the jurisdictional building department.

(c) The recirculation-filtration system for zero depth entry pools shall be of a minimum of one turnover every one hour in pool water areas less than 18-inches deep and two hours in the pool water areas of the pool that is 18-inches to three feet deep or less. In the remainder of the pool where the depth is greater than three feet, the system shall have a maximum six-hour turnover rate.

(d) No change.

(e) Interactive Water Features (IWFs).

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1. An automatic skimmer system shall be maintained if provided in the collector tank. A variable height skimmer may be used or a custom surface skimmer device may be substituted.

2. Chemical feeders shall be maintained as in accordance with this chapter, except that the disinfection feeder shall be capable of feeding 12 mg/L of free chlorine to the pressure side of the recirculation system or the collector tank (based upon a hypothetical 30 minute turnover of the contained volume within the IWF system). Automated Oxidation Reduction Potential (ORP) or chlorine controllers and pH controllers with sensing probes shall be provided to assist in maintaining proper disinfection and pH levels.

3. Hydraulics.

a. The recirculation filter system shall filter and chemically treat all water that is returned to the spray features. ~~The filter system shall draft from the collector tank and return filtered water directly to the spray features. Excess water not required by the spray features shall be returned to the collector tank.~~

b. ~~Alternatively, the contained volume of the system may be filtered and chemically treated based upon a 30 minute turnover of the contained volume with 100% returned to the collector tank by manifold piping. If this alternative is chosen, a~~ All water returned to the spray feature(s) must also be treated with an Ultraviolet (UV) light disinfection equipment to accomplish protozoan destruction in accordance with sound engineering and NSF/ANSI/CAN standard 50. ~~This alternative must have the ability to feed 6 mg/L free chlorine to the feature water as it is returned to the spray feature.~~ The UV disinfection equipment shall be electrically interconnected such that whenever it fails to produce the required UV dosage, the water spray features pump(s) and flow will be immediately stopped.

c. ~~An automatic water level controller shall be provided.~~

d. ~~Where the filter system described in sub-subparagraph 3.a., above, is utilized, a second filter system and disinfection system shall be provided to treat the water in the collector tank when the feature/filter pump is not in operation. Said~~ The system shall be capable of filtering the total volume of water in the IWF collector tank in 30 minutes or less and the disinfection system shall be capable of providing 12 mg/L of disinfectant to this the design recirculation flow rate or water features flow rate, whichever is greater.

4. All IWF pool rule signs shall be posted as approved by the jurisdictional building department.

(f) Rules and regulations for water theme parks shall be posted as approved by the jurisdictional building department.

(g) Artificial Lagoons and Surf Pools as defined in the Florida Building Code shall sustain a pH concentration and disinfectant residual in areas of the aquatic feature that provide water contact or immersion for patrons in accordance with conventional pool criteria in section 64E-9.004(1)(d)1. & 2.; or other effective disinfection levels that are approved by the department.

(h) For pools with a sun shelf or a zero depth entry, seating furniture that is movable may be placed into the pool when the seating furniture is entirely made from solar UV light-resistant inert plastic.

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1. Evidence of UV-resistance and inert plastic material criteria shall be kept on-site.
2. Seating furniture in a pool may be placed only in zero depth entry areas and on a sun shelf.
3. Seating furniture shall not be placed over water return inlets, nor over markers for depth, no-diving, edge markings of a sun shelf, and any other required safety markers.
4. A 4-foot-wide path for ingress to/egress from the pool across a sun shelf or a zero depth entry area shall be left open; may never be blocked by seating furniture.
5. Routine removal from the pool and sanitizing of seating furniture shall be conducted by permittee.
6. No other furniture but seating furniture may be placed into pool waters.

Rulemaking Authority 381.006, 514.021, 514.071 FS. Law Implemented 381.0015, 381.006, 514.021, 514.025, 514.03, 514.031, 514.0315, 514.05, 514.06, 514.071 FS. History—New 10-5-93, Formerly 10D-5.134, 10D-5.137, Amended 12-27-98, 5-27-04, 5-24-09, 7-20-16,_____.

64E-9.013 Bathing Places.

(1) General – All freshwater public bathing places are required to conduct monitoring for water quality, reporting these results to the department, notice to the department and public notification upon exceedance of water quality violations. ~~As of April 29, 2012, bathing place operation permits are no longer required from the department by law.~~

(2) Operational water quality – The water shall be free of chemical and physical substances known or suspected of being capable of creating toxic reactions or skin or membrane irritations. Algae and aquatic vegetation shall be controlled so that no hazard to bathers results.

(a) Bacteriological samples shall be collected by the owner/manager and tested monthly. A set of two samples shall be collected for every 500 feet of shoreline, the samples shall be taken a foot below the surface in three feet of water and at least 25 feet apart. The samples shall be analyzed by a DOH certified laboratory using EPA approved methods for ambient water and the results submitted to the department within 10 days after the end of the month.

1. Should the test results of these samples exceed the standards in subsection 64E-9.013(3), F.A.C., below, the county health department shall be notified within 24 hours of receipt of results by the owner/manager from the lab, and re-sampling by the owner/manager shall be required within 24 hours. All sampling results shall be submitted to the county health department.

2. If 24 hour re-sampling is not possible for any reason, then the bathing place owner/manager shall immediately post a No swimming advisory based upon these initial results during the time period waiting for re-sampling results. If the 24 hour confirmation samples reveal an exceedance of the standards, the bathing place owner/manager shall immediately post a No swimming advisory, form DH 4158, Bathing Place Public Health Advisory Sign – Poor Water Quality, 02/13, incorporated by reference and available at

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<http://www.flrules.org/Gateway/reference.asp?No=Ref-06899>, or sustain the already-posted advisory until additional testing reveals the water meets single sample standards again. The department shall post the advisory if the owner/manager does not. Only samples collected after the initial advisory shall be used to compare and calculate when the advisory may be rescinded. If a pollution source is identified, that source shall be eliminated before rescinding the bathing place advisory.

(b) No change.

(3) Bacteriological Standards – Either fecal-indicator bacteria ~~coliform~~, *E. coli*, or *enterococci* bacteria shall be tested for, at the option of the permit holder. All samples tested will be considered to determine compliance, unless found to be invalid by the certified lab or county health department. The *enterococci* density shall not exceed ~~64~~ 70 colony forming units (CFU) per 100 mL of water in any single sample; or the *E. coli* density shall not exceed 235 CFU per 100 mL of water in any single sample; ~~or the fecal coliform shall not exceed an average of 200 CFU per 100 mL of water, nor 400 per 100 mL of water in 10 percent of the samples, nor 800 CFU per 100 mL of water in a single sample. This average shall be expressed as geometric means using at least ten samples per 30-day period.~~ Multiple samples collected on any one day during routine monthly sampling shall be arithmetically averaged to determine compliance for the bathing place.

(4) Artificial lagoons shall sustain a pH concentration and disinfectant residual in areas of the aquatic feature that provide water contact or immersion for patrons in accordance with conventional pool criteria in section 64E-9.004(1)(d)1. & 2.; or other effective disinfection levels that are approved by the department.

(5) A lifeguard and/or safety plan shall be submitted to the department for review and approval whenever recreational water slides or a floating obstacle course with climbable structures are constructed or installed at artificial lagoons.

Rulemaking Authority 381.006, 514.021 FS. Law Implemented 381.006, 514.021, 514.03, 514.031, 514.04, 514.05, 514.06 FS. History—New 10-5-93, Formerly 10D-5.142, Amended 12-27-98, 5-27-04, 5-24-09, 7-20-16,_____.

64E-9.015 Fee Schedule.

(1) Operating Permit Issuance for Swimming Pools:

(a) No change.

(b) Annual Operating Permit or Annual Renewal – Full annual fee if the authorization was issued from July 1st to December 31st; one half the annual fee if the authorization was issued from January 1st to June 30th. Payment is not required for a replacement copy of an operating permit or reissuances of an operating permit due to change of ownership or name.

1. Pools greater than 25,000 gallons and bathing places – ~~\$265.00~~ 250.00.

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2. Pools of 25,000 gallons or less – \$125.00.
3. Exempted condominiums/cooperatives with over 32 units – \$50.00.
- (2) Variances – Review of application for variance – ~~\$400.00~~ ~~300.00~~.

Rulemaking Authority 381.006, 514.021, 514.033 FS. Law Implemented 514.021, 514.03, 514.031, 514.033 FS. History—New 10-5-93, Formerly 10D-5.144, Amended 12-27-98, 5-27-04, 5-24-09, 7-20-16,_____.

64E-9.016 Variances.

A variance from requirements of these rules may be requested by the pool owner or their representative to relieve or prevent hardship only in cases involving deviations from the rule, when it is shown that the hardship was not caused intentionally by the action of the applicant, where no reasonable alternative exists and the health and safety of the pool patrons is not at risk. Application for variance shall be submitted through the variance-delegated county health departments utilizing DOH Form 4080, Application for Variance from chapter 64E-9, F.A.C., XX/2025 ~~07/08~~, which is incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-06981>. Each application can be accompanied by supportive materials such as drawings, pictures or manufacturer's specifications and a fee must be paid in accordance with subsection 64E-9.015(2), F.A.C. Applications must be received by the county health department that is delegated to review variances at least 30 days prior to the scheduled meeting of the Governor's Swimming Pool Advisory Board. Walk-in applications at the Board meeting will not be reviewed at virtual meetings, and may be reviewed at in-person meetings only if there is time available as determined by the Chair. Each walk-in applicant must provide evidence they: have paid the variance fee to the delegated county health department, have received a department review of the application, and applicant provides eight full sets of the application package to the department for the Board.

Rulemaking Authority 381.006, 514.0115, 514.021 FS. Law Implemented 514.0115, 514.021, 514.028, 514.051, 514.06 FS. History—New 10-5-93, Formerly 10D-5.145, Amended 12-27-98, 5-24-09, 7-20-16,_____.

64E-9.017 Enforcement.

Any public pool can be immediately posted closed by the department as not being in compliance with this chapter whenever any of the following conditions occur:

- (1)(a) The disinfectant level is below the minimum or above the maximum that is prescribed in this chapter.
- (b) The pH of the pool water is below 7.02 or above 7.8.
- (c) through (d) No change.
- (e) Any portion of the anti-entrapment system is missing or not functional, or a main drain cover/grate is missing, unsecured, improperly secured, damaged, has expired per manufacturer or does not meet the

Draft Revisions

Rules 64E-9.001, .004, .008, .013, .015, .016, .017, Florida Administrative Code

requirements of this chapter ~~by the dates specified.~~

(f) No change.

(g) Direct suction exists on the main drain or other suction outlets, except vacuum fittings, automatic surface skimmer(s), and their equalizer grates have approved drain covers provided the flow velocity through the equalizer grate does not exceed 1.5 feet per second, or the corrective actions specified in this chapter and Section 514.0315, F.S., are not completed by dates specified.

(h) No change.

(2) No change.

Rulemaking Authority 381.006, 514.021, 514.05 FS. Law Implemented 381.006, 514.021, 514.04, 514.05, 514.06 FS. History—New 10-5-93, Formerly 10D-5.146, Amended 12-27-98, 5-27-04, 5-24-09, 7-20-16,_____.



STATE OF FLORIDA
DEPARTMENT OF HEALTH

Environmental Public Health

Application for Variance from Chapter 64E-8, Florida Administrative Code
Swimming Pools & Bathing Places

Official Use Only

Variance # _____

Fee Paid: ☐ Yes ~ ☐ No

☐ Check ☐ CC ☐ OLB

In order to apply for a variance recommendation from the Advisory Review Board, it is necessary to provide documentation or an inspection report from Department of Health (DOH) indicating that your proposed project or plan does not meet one [or more] of the rule requirements set forth in Chapter 64E-9, Florida Administrative Code. A processing fee of \$300 must be submitted with this application.

Part One – to be completed by the applicant.

***ALL FIELDS ARE REQUIRED**

1. *Name of Applicant: _____
(If acting as Agent, provide the name of the Legal Property Owner as reported by the local Property Appraiser or listed on SunBiz.org)

*Street Address: _____ City: _____ State: _____

*Owner Phone: _____ *Owner Email: _____

Email is required & used for Variance-related correspondence only.

☐ Pre-Construction ☐ Post-Construction

2. *Name of Project: _____ *Project Contact Email: _____
Cold Plunge Pool or Salt Float Tank? Provide Manufacturer Information Email is required & used for Variance-related correspondence only.

*Project Location Address: _____ *City: _____ *County: _____

3. *Name of Contractor: _____ *License #: _____ *Email: _____
Email is required & used for Variance-related correspondence only.

*Contractor Address: _____ *City: _____ *State: _____

4. *Name of Engineer: _____ *License#: _____ *Email: _____

5. *State the non-compliant issue(s) for the variance request.

Attach eight (8) copies of this application, any drawings, photos or specifications to clearly illustrate what you're requesting to be varied. *Do not include marketing materials.* Attach separate sheet(s) if needed.

6. *State the hardship justification as to why the variance would relieve the hardship. Attach separate sheet(s) if needed.

7. *State any additional reason(s) or provide technical documentation to support whether the variance would not result in a detriment to public health. Attach separate sheet(s) if needed.

Forward eight (8) copies of this application, any drawings, photos or specifications to the local engineering health department office or to the State Health Office (SHO) for review. Part II of this form will be completed by the aforementioned applicable authority for review and signature.

Printed Name of Signer & Title

(=^Agent must provide a letter from the Legal Property Owner (see Item 1))

Signature of Owner or ^*Agent Signing on Behalf of Owner

Date Signed

Part II (to be completed by the local County Engineering Health Department office or the State Health Office (SHO)).

1. Specific section(s) of Chapter 514, F.S., 64E-9, FAC, or Edition of FBC Section 454.1 relating to this variance:

[illegible]

2. State facts regarding this matter to assist the Board in making an informed decision(s):

3. The Department is aware of this request and collected the appropriate fee.

DOH Engineer/Environmental Health Director

Date Signed _____

Instructions for CHD Reviewer:

1. County Health Department staff shall forward the complete and signed application to the State Health Office (SHO), Tallahassee
2. In fields 1 & 2 list your evaluation of the request for variance including any additional details as to why Rule standards cannot be met or why the standards should be met.
3. This completed form must be forwarded to the SHO no later than the deadline as set forth by that office.
4. Attach any supporting documentation as determined to be necessary to clearly explain the violation(s) and the variance request.

**Application Type** (check one)

- ☐ Initial Permit (pre-construction)
☐ Operating Permit (post-construction)
☐ Modification (change to original construction)
☐ Change Owner; Name Change
☐ Annual Permit Renewal (renew by June 30)

For Department Use Only

Fee Paid \$ _____ Date _____

☐ Check ☐ Credit ☐ OLB

Permit # _____

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.

Renewal: Enter Operating Permit number, complete items 1 and 2, and complete & sign Owner certification. An annual operating permit fee is assessed for annual renewal.

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

1. Project /Facility Name: _____ County: _____

Address of Pool: _____ City: _____ Zip: _____ Phone: _____

2. Owner Name: _____ E-Mail: _____

Owner Mailing Address: _____ City: _____ State: _____ Zip: _____

3. Building Dept. Name: _____ Phone Number: _____

Building Department E-mail Address _____

4. Design Engineer/Architect Name: _____

Phone Number: _____ E-mail: _____

5. Pool Water Source (Name of Public Water System): _____

6. 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

7. Pool Volume in Gallons: Main Pool _____ Spa Pool _____ Other _____

8. Pool Bathing Load: _____ Number of Dwelling Units Served: _____ Type: _____

9. Pool Dimensions: Width: _____ Length: _____ Area: _____ Perimeter: _____ Min Depth: _____ Max Depth _____

10. Water Treatment Equipment Manufacturer and Model:

(A) Recirculation Pump: _____ Flow _____ GPM at _____ TDH HP _____

(B) Filter: _____ Area: _____ Ft² Flow Capacity GPM _____(C) Disinfection Equipment: _____ Capacity: ☐ GPD ~ ☐ PPD _____

(As Applicable) - Secondary Disinfection: _____ Chemical Controller: _____

(D) pH Adjustment Feeder: _____ Capacity (GPD) _____

(E) Test Kit: _____

11. Scope of Modification (as applicable): _____

REMARKS: _____

CERTIFICATION OF OWNER

The undersigned owner, or owner’s authorized representative, by their signature, hereby agrees to operate the pool described in this application in accordance with the requirements of Chapter 514 of the Florida Statutes (F.S.), the current Edition of the Florida Building Code (FBC), and Chapter 64E-9 of the Florida Administrative Code (FAC). The owner shall 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 (DH 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: _____ Date: _____

Printed Name: _____ Printed Title: _____

***If not the Legal Property Owner, attach authorization from the Owner**

THIS SECTION FOR DOH USE ONLY:

Building Department Approval Number: _____ Construction Approval Date: _____

CERTIFICATION OF INSPECTION

I hereby certify an inspection of this pool has been made; 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 EPHD by _____ on _____



DOH Permit No. -60- County

Pool Owner/Operator Verification of Entrapment Safety Features

Name of Facility Pool: _____

Street Address: _____ **City:** _____ **Zip:** _____ **Facility Phone:** _____

Owner's Name: (Print Name)

Owner's Phone: _____ **Email:** _____

Suction Outlet Drain Cover(s) as required by section 514.0315(1), FS:

Make & Model Number: _____ Installation Date: _____

FL Approved Flow (GPM): _____ Life Years: _____

Make & Model Number: _____ Installation Date: _____

FL Approved Flow (GPM): _____ Life Years: _____

Make & Model Number: _____ Installation Date: _____

FL Approved Flow (GPM): _____ Life Years: _____

Type of Safety Device installed as required by section 514.0315(2), FS: (Check applicable device)

☐ a. Safety Vacuum Release System

Make: _____ Model Number _____

Make _____ Model Number _____

Make: _____ Model Number _____

[] b. Suction Limiting Vent System w/Tamper-Resistant Atmospheric Opening

[] c. Automatic Pump Shut-off System

Make & Model Number: _____ Model Number: _____

Make & Model Number: _____ Model Number: _____

Make & Model Number: _____ Model Number _____

[] d. Dual Drains - must be on the same drain line & 36" apart on center

☐ e. Drain Disablement - requires a construction or modification permit

[] f. Gravity Drainage with Collector Tank - Installation Date: _____

(requires a construction or modification permit)

Installed by Licensed pool contractor: (Installation by a FL licensed pool contractor is a requirement of Section 514.0315(2), F.S.)

Name: _____ Phone Number: _____

License Number: _____ E-mail: _____

By their signature, the Owner commits to have all safety device operation & maintenance manuals on site and readily available; to conduct routine testing of the device/system in accordance with the manufacturer's recommendations or in accordance with state code testing requirements:

Signature of Duly Authorized Person (*Property owner, Registered Agent, Corporate Officer*)

Signature _____

Title _____

Printed Name _____

Date _____