

1/4 2425

Columbia County Swimming Pool/Spa Permit Application

For Office Use Only Application # 44467 Date Received 2/5 By MG Permit # 39325
Zoning Official 1W/1A Date 2-10-20 Flood Zone X Land Use Ag Zoning A-3
FEMA Map # _____ Elevation _____ MFE _____ River _____ Plans Examiner LC Date 2-12-20

Comments

- ☒ NOC ☒ EH ☒ Deed or PA ☒ Site Plan ☐ 911 Sheet (If NO Address Exists) ☐ Owner Builder Disclosure Statement
☐ Dev Permit # _____ ☐ In Floodway ☐ Letter of Auth. from Contractor ☐ F W Comp. letter
☐ Land Owner Affidavit ☐ Ellisville Water ☐ App Fee Paid ☒ Sub VF Form

Notes:

Septic Permit No. 20-0085 Or City Water System ☐ Fax _____
Applicant (Who will sign/pickup the permit) Carl Hartzog Phone 386-454-3545
Address 1167 SW Woodland Ave Ft White FL 32038
Owners Name Carl + Brenda Hartzog Phone 386-454-3545
911 Address 1167 SW Woodland Ave Ft White FL 32038
Contractors Name Carl Hartzog / Hydro Fun Pools Phone 352-215-5666
Address 1167

Contractor Email Hartzog Mike@yahoo.com ***Include to get updates on this job.

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

Mortgage Lenders Name & Address _____

Circle the correct power company ☒ FL Power & Light ☐ Clay Elec. ☐ Suwannee Valley Elec. ☐ Duke Energy

Property ID Number 31-75-17-10070-115 Cost of Construction _____

Subdivision Name Blue Bird Landing Lot _____ Block _____ Unit _____ Phase _____

Driving Directions Take NE Hernando Ave to Marion Ave, Follow FL-475 to SW CR 138, Drive to SW Woodland Ave

Residential ☒ OR Commercial ☐

Construction of Inground Swimming Pool ADA Compliant _____ Total Acreage 10

Actual Distance of Pool from Property Lines - Front 230' Side 130' Side 502' Rear 394'

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction.

CODE: Florida Building Code 2014 and the 2011 National Electrical Code. 38529-SFD / 38530-Storage

2/12-emailed-MG

Columbia County Building Permit Application

TIME LIMITATIONS OF APPLICATION: An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless a permit has been issued.

TIME LIMITATIONS OF PERMITS: Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time work is commenced. A valid permit receives an approved inspection every 180 days. Work shall be considered not suspended, abandoned or invalid when the permit has received an approved inspection within 180 days of the previous approved inspection.

FLORIDA'S CONSTRUCTION LIEN LAW: Protect Yourself and Your Investment: According to Florida Law, those who work on your property or provide materials, and are not paid-in-full, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects to make other legally required payments, the people who are owed money may look to your property for payment, even if you have paid your contractor in full. This means if a lien is filed against your property, it could be sold against your will to pay for labor, materials or other services which your contractor may have failed to pay.

NOTICE OF RESPONSIBILITY TO CONTRACTOR AND AGENT: YOU ARE HEREBY NOTIFIED as the recipient of a building permit from Columbia County, Florida, you will be held responsible to the County for any damage to sidewalks and/or road curbs and gutters, concrete features and structures, together with damage to drainage facilities, removal of sod, major changes to lot grades that result in ponding of water, or other damage to roadway and other public infrastructure facilities caused by you or your contractor, subcontractors, agents or representatives in the construction and/or improvement of the building and lot for which this permit is issued. No certificate of occupancy will be issued until all corrective work to these public infrastructures and facilities has been corrected.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNERS CERTIFICATION: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

NOTICE TO OWNER: There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. You must verify if your property is encumbered by any restrictions or face possible litigation and or fines.

Carl Hartog
Print Owners Name

[Signature]
Owners Signature

****Property owners must sign here before any permit will be issued.**

****If this is an Owner Builder Permit Application then, ONLY the owner can sign the building permit when it is issued.**

CONTRACTORS AFFIDAVIT: By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.

[Signature]
Contractor's Signature

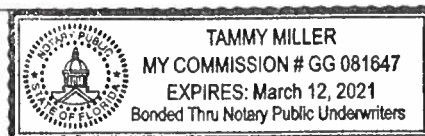
Contractor's License Number CPC 1457
Columbia County
Competency Card Number 1599 Dwk

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 3 day of Feb 2020

Personally known _____ or Produced Identification FLDL

[Signature]
State of Florida Notary Signature (For the Contractor)

SEAL:



NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

81-75-17-10070-115

Clerk's Office Stamp

Inst: 202012082894 Date: 02/05/2020 Time: 10:04AM
Page 1 of 1 B: 1404 P: 2785, P. DeWitt Cason, Clerk of Court
Columbia, County, By: BD
Deputy Clerk

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

1. Description of property (legal description): Lot 15 Blue Bird Landing UNREC Comm NE Cor of NW 1/4
a) Street (job) Address: 1167 SW Woodland Ave Ft White FL 32038
2. General description of improvements: In-Ground Swimming Pool
3. Owner Information or Lessee information if the Lessee contracted for the improvements:
a) Name and address: Carol Brenda Hartzog
b) Name and address of fee simple titleholder (if other than owner): 1167 SW Woodland Ave Ft White FL 32038
c) Interest in property: OWNER
4. Contractor Information
a) Name and address: Carl Hartzog 1167 SW Woodland Ave Ft White FL 32038
b) Telephone No.: 386 454-3545
5. Surety Information (if applicable, a copy of the payment bond is attached):
a) Name and address: _____
b) Amount of Bond: _____
c) Telephone No.: _____
6. Lender
a) Name and address: _____
b) Phone No.: _____
7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:
a) Name and address: _____
b) Telephone No.: _____
8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
a) Name: _____ OF _____
b) Telephone No.: _____
9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified): _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COUNTY OF COLUMBIA

10. Brenda Hartzog
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

Brenda Hartzog
Printed Name and Signatory's Title/Office

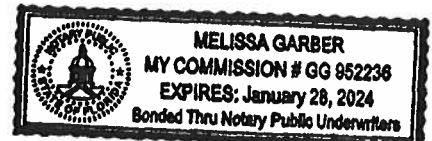
The foregoing instrument was acknowledged before me, a Florida Notary, this 5th day of February, 2020, by:
Brenda Hartzog as self for _____
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known _____ OR Produced Identification ☒ Type FDL

Notary Signature

Melissa Garber

Notary Stamp or Seal:



Columbia County Property Appraiser

Jeff Hampton

2020 Working Values

updated: 1/6/2020

Parcel: << 31-7S-17-10070-115 >>

Owner & Property Info

Result: 1 of 1

Owner	HARTZOG CARL MICHAEL & BRENDA FAITH HARTZOG 21672 NW 142ND AVE HIGH SPRINGS, FL 32643		
Site	1167 WOODLAND AVE, FORT WHITE		
Description*	AKA LOT 15 BLUEBIRD LANDING UNREC: COMM NE COR OF NW1/4, RUN E 50.03 FT, S 1392.44 FT FOR POB, CONT S'LY 640.24 FT, N 66 DEG W 87.87 FT, S 77 DEG W 62.17 FT, S 71 DEG W 354.70 FT TO PT OF A CURVE, SW ALONG CURVE 72.57 FT, S 85 DEG W 93.53 FT, N 172.66 FT T ...more>>>		
Area	10.06 AC	S/T/R	31-7S-17E
Use Code**	VACANT (000000)	Tax District	3

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

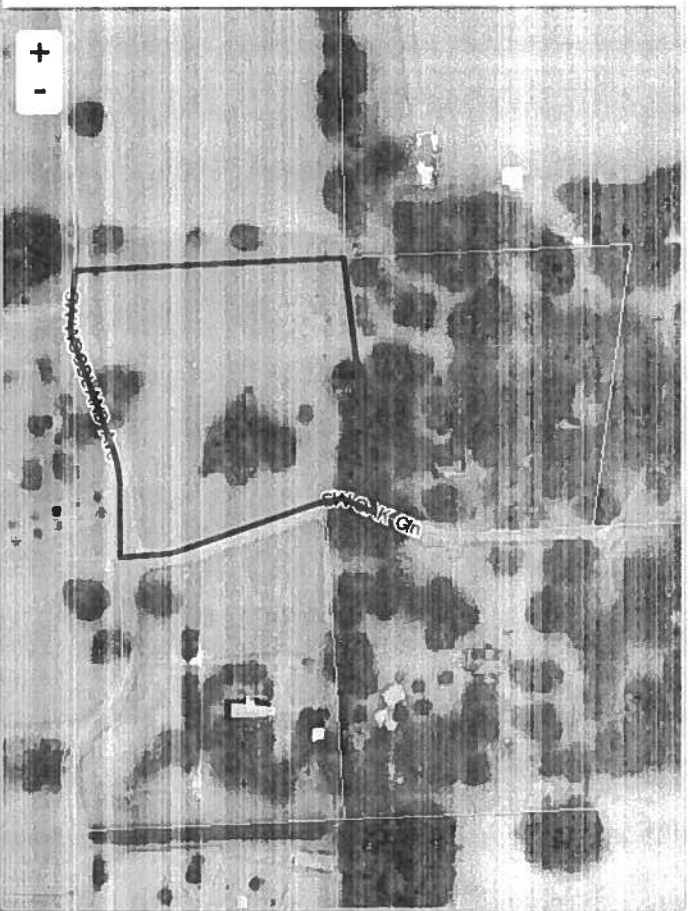
**The Use Code is a FL Dept of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

2019 Certified Values		2020 Working Values	
Mkt Land (1)	\$67,723	Mkt Land (1)	\$67,723
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (0)	\$0	Building (0)	\$0
XFOB (0)	\$0	XFOB (0)	\$0
Just	\$67,723	Just	\$67,723
Class	\$0	Class	\$0
Appraised	\$67,723	Appraised	\$67,723
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$67,723	Assessed	\$67,723
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$67,723 city:\$67,723 other:\$67,723 school:\$67,723	Total Taxable	county:\$67,723 city:\$67,723 other:\$67,723 school:\$67,723

Aerial Viewer Pictometry Google Maps

2019 2016 2013 2010 2007 2005 Sales



Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
8/7/2019	\$100,000	1390/2471	WD	V	Q	01
8/31/2016	\$74,900	1321/2429	WD	V	Q	01
4/23/2009	\$252,000	1171/2510	WD	V	Q	01
2/24/2006	\$252,000	1075/2222	WD	V	Q	
6/21/2003	\$93,500	987/0050	WD	V	Q	
6/12/2002	\$100	955/1168	WD	V	U	06

Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
NONE						

Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

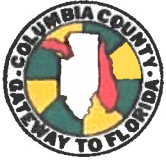
Land Breakdown

Land Code	Desc	Units	Adjustments	Eff Rate	Land Value
000000	VAC RES (MKT)	10.060 AC	1.00/1.00 1.00/0.90	\$6,732	\$67,723

Search Result: 1 of 1

© Columbia County Property Appraiser | Jeff Hampton | Lake City, Florida | 386-758-1083

by: GrizzlyLogic.com



COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave., Suite B-21, Lake City, FL 32055

Office: 386-758-1008 Fax: 386-758-2160

www.columbiacountyfla.com/BuildingandZoning.asp

NOTICE TO SWIMMING POOL OWNERS

I, Carl Hartog have been informed and I understand that prior to the final inspection approval and use of my pool, I will need all the inspections approved and the required fencing installed in accordance with applicable regulations. The Florida Building Code requires private residential swimming pools, hot tubs, or non-portable spas containing water over 24 inches deep to meet the following pool barrier safety feature requirements:

- The pool access must be isolated by a barrier at least 4 feet high and installed around the perimeter of the pool.
Unless the pool is equipped with a safety cover complying with the specifications of American Society for Testing and Materials standard F-1346-91.
- The barrier shall not have any gaps or openings which would allow a child to crawl under, squeeze through or climb over and must be placed no less than 20 inches from the water's edge.
- Gates located in the pool barrier must open outward away from the pool and be both self-closing and self latching, with a release mechanism not less than 54" above the standing surface at the gate.
- The barrier must be separate from any other fence, wall, or other enclosure surrounding the yard unless the fence, wall or other enclosure or portion thereof is situated on the perimeter of the pool and meets the pool barrier requirements.
- Where a wall of a dwelling serves as part of the barrier **one** of the following shall apply:
 - 1) All doors and first floor windows with a sill height of less than 48 inches providing direct access from the home to the pool must be equipped with an alarm that has a minimum sound pressure rating of 85 decibels at 10 feet. The alarm shall sound immediately upon opening the window or door unless the temporary bypass mechanism is activated.
 - 2) **Or;** all doors providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with a release mechanism located at least 54 inches above the floor.

According to Florida statutes chapter 515: Residential Swimming Pool Safety Act, failure to comply with these requirements is a misdemeanor of the second degree, punishable by imprisonment for up to 60 days or a fine of up to \$500, except that no penalty shall be imposed if within 45 days after arrest or issuance of a summons or notice to appear, the pool is equipped with the aforementioned safety features and the responsible person attends a drowning prevention education program developed by the Florida Department of Health. I also understand that there are several inspections required in addition to a final inspection for my swimming pool.

Carl Hartog 1/31/20
Owner Signature / Date

Address: 1167 SW Woodland Ave Ft White FL 32038

Carl Hartog
Contractor Signature / Date

CPC1457126
License Number

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME _____

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

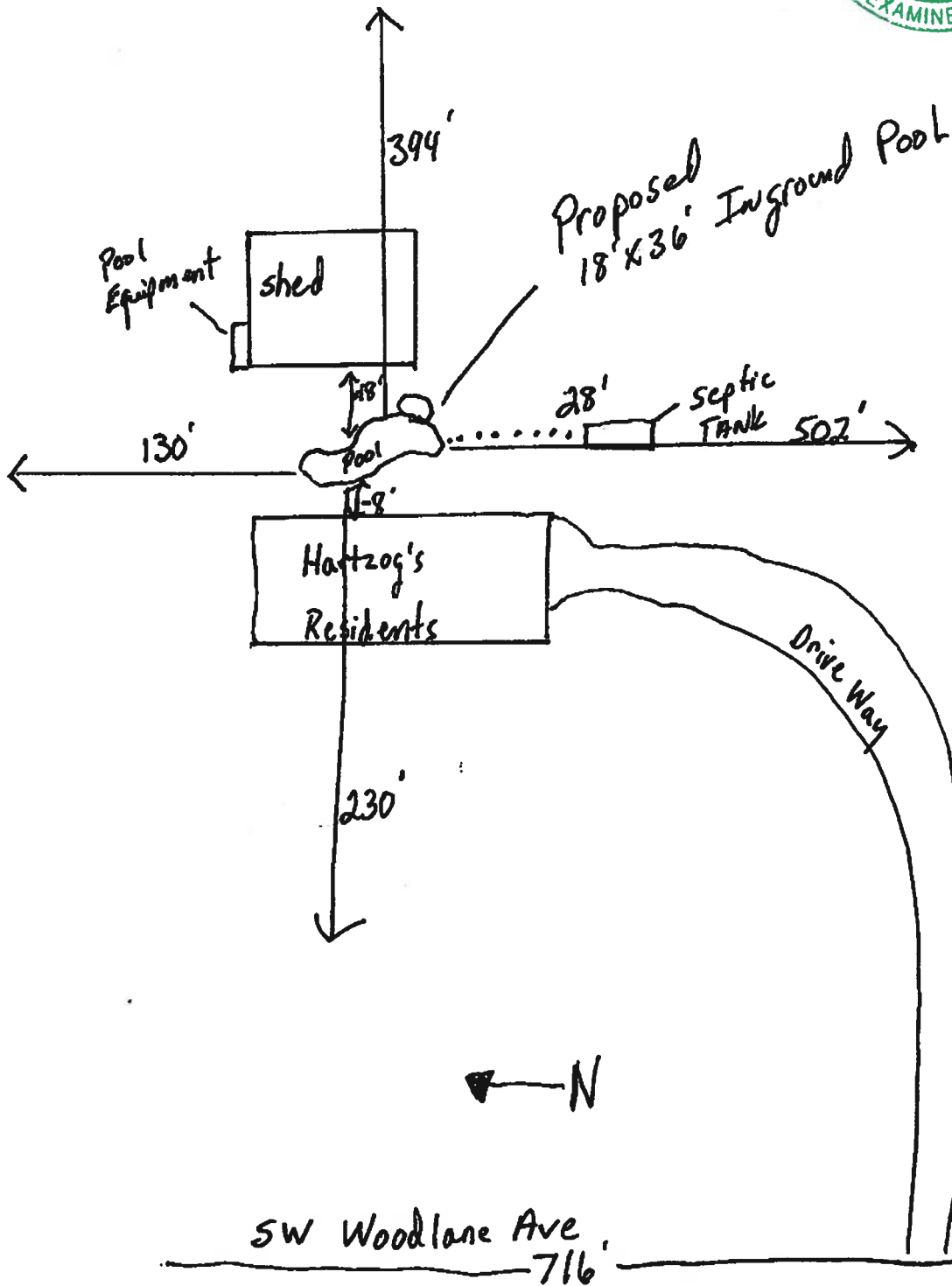
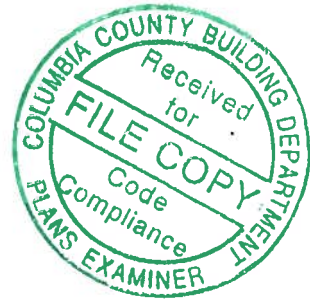
Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL <input checked="" type="checkbox"/>	Print Name <u>GARRICK HELME</u> Signature <u>[Signature]</u> Company Name: <u>HELME ELECTRIC INC</u> License #: <u>EC13005536</u> Phone #: <u>352-316-4185</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/ A/C <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS <input type="checkbox"/> CC# _____	Print Name <u>Carl Hantzog</u> Signature <u>[Signature]</u> Company Name: <u>Hydro Fun Pools LLC</u> License #: <u>CPC 145 7126</u> Phone #: <u>352-215-5666</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE <input type="checkbox"/> SPECIALTY CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

1167 SW Woodlane Ave
Ft White 32038
Parcel # 31-75-17-10070



App#44467



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 20-0885
DATE PAID: 2/6/20
FEE PAID: 80.00
RECEIPT #: 1766159

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Carl Michael & Brenda HartzogAGENT: _____ TELEPHONE: 386-454-3545MAILING ADDRESS: 1167 SW Woodland Ave, Ft. White, FL 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 15 BLOCK: _____ SUBDIVISION: Blue Bird Landing PLATTED: _____PROPERTY ID #: 31-7³~~5~~-17-10070-115 ZONING: _____ I/M OR EQUIVALENT: ☒ Y / ☒ NPROPERTY SIZE: 10 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y / ☒ N DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: 1167 SW Woodland Ave.

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

☐ RESIDENTIAL☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>Pool</u>	<u>—</u>		
2				
3				
4				

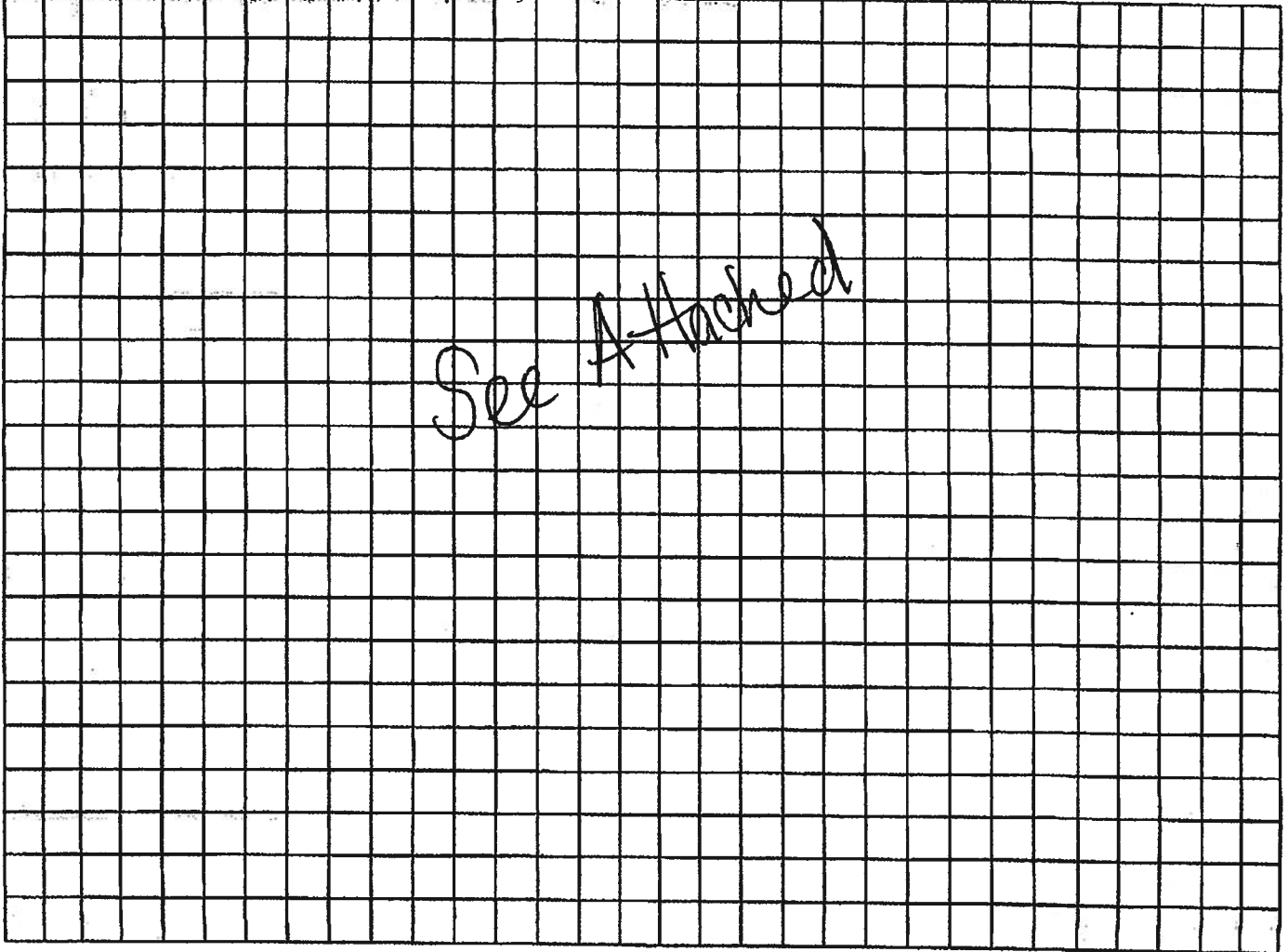
☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: Brenda HartzogDATE: 2/5/2020

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-0085

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: _____

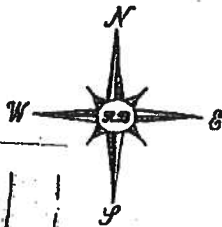
Site Plan submitted by: Brenda Hartzog TITLE _____ DATE: 2/5/2020
Plan Approved X Not Approved _____ Date 2/17/20
By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

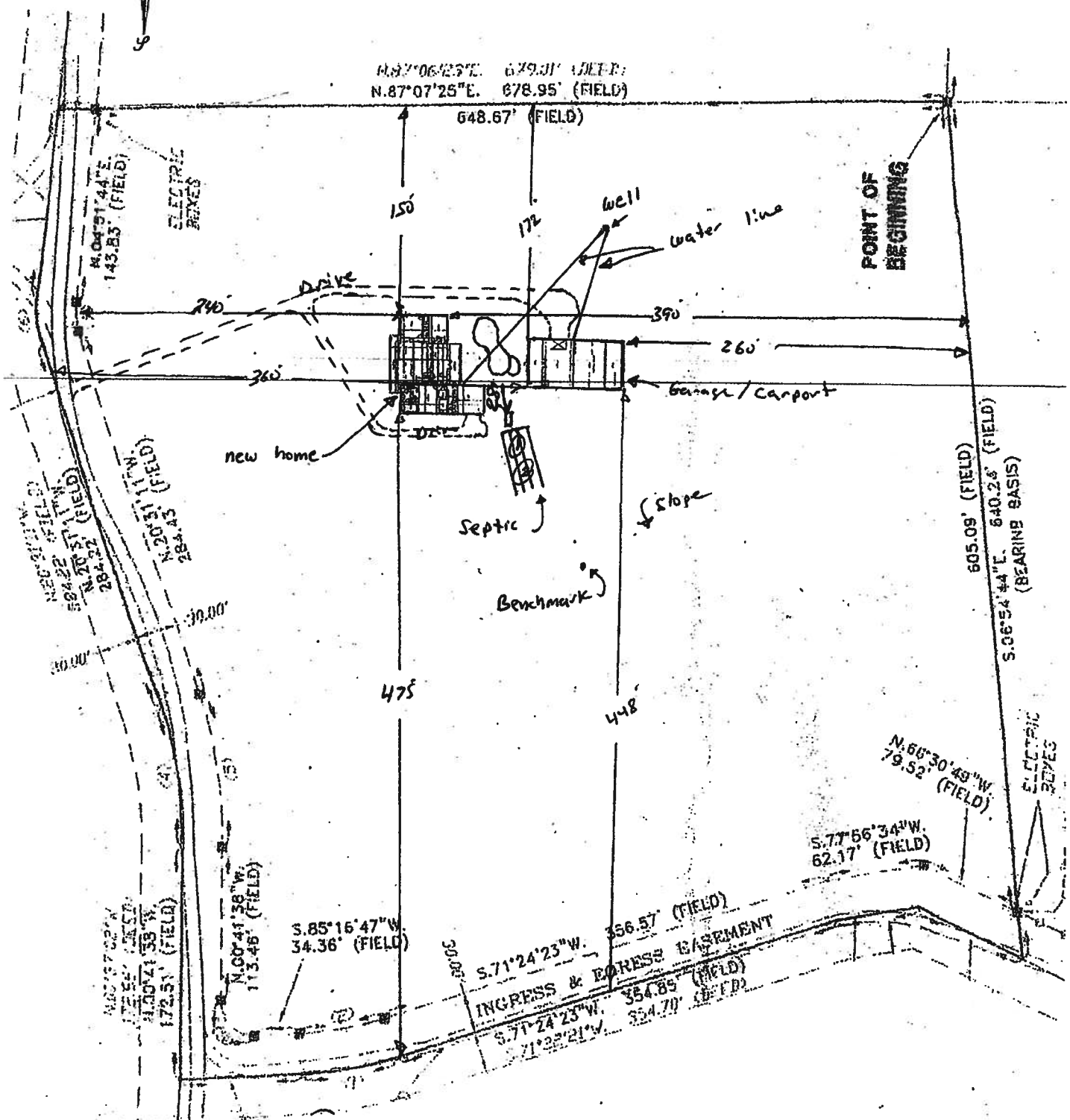
Permit #

Property

20-0085



Scale 1 inch = 100 feet

Site Plan submitted by Brenda Hartney

M.S.T.C.

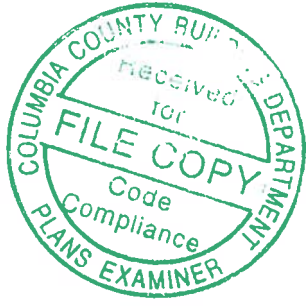
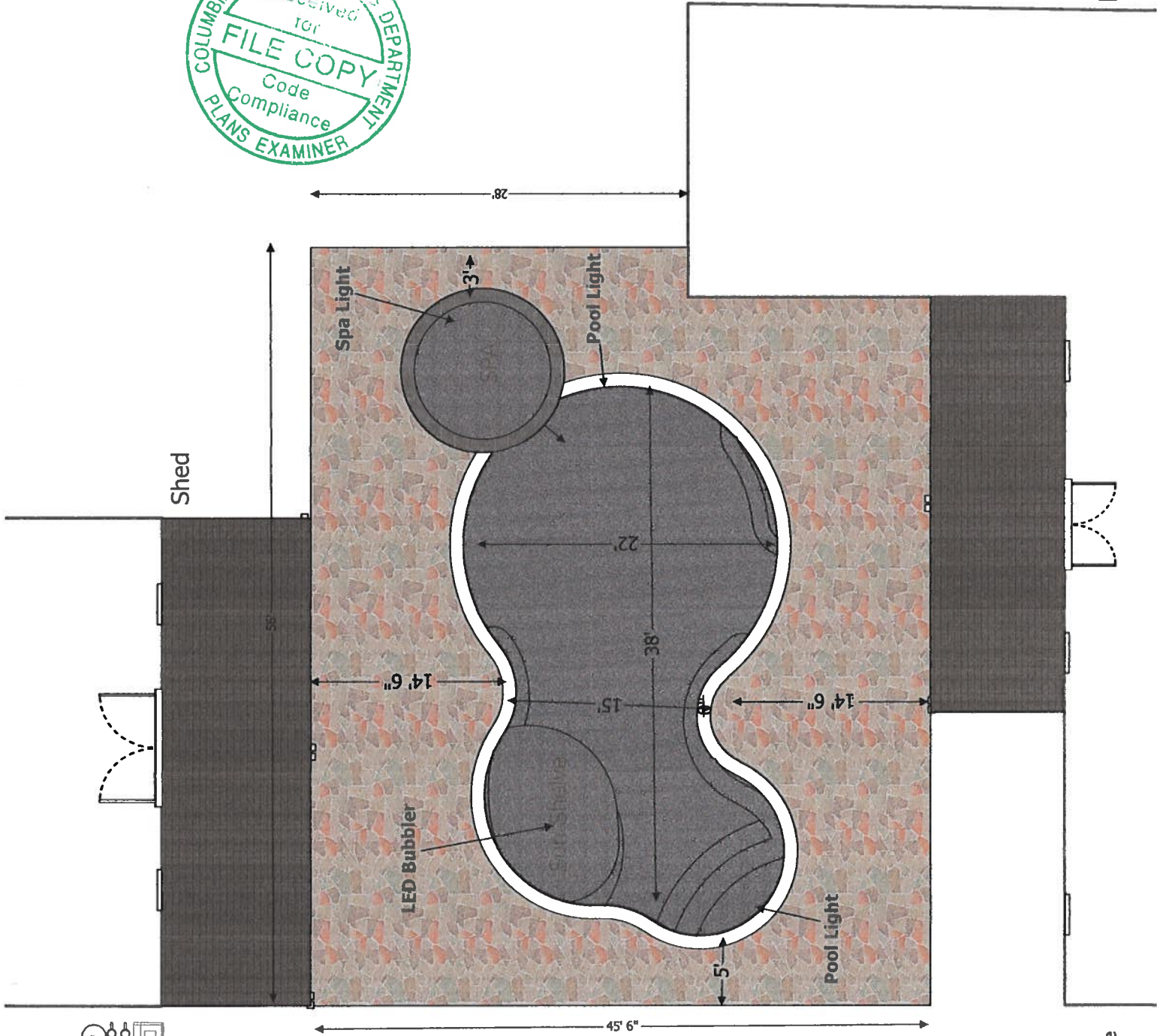
Plan Approved _____

Not Approved _____

Date _____

By _____

County Health Department

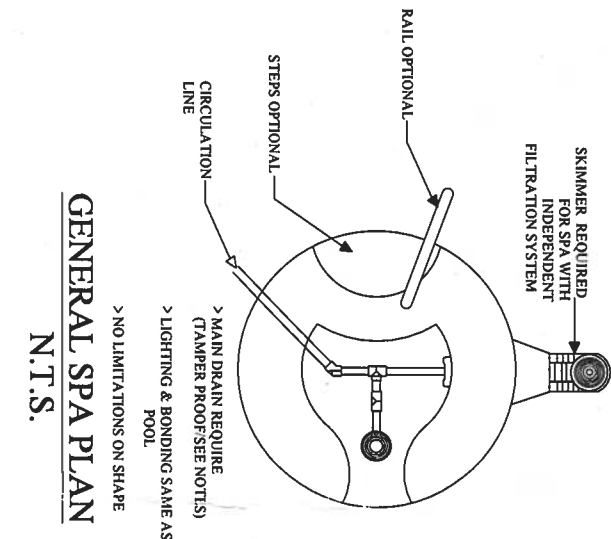
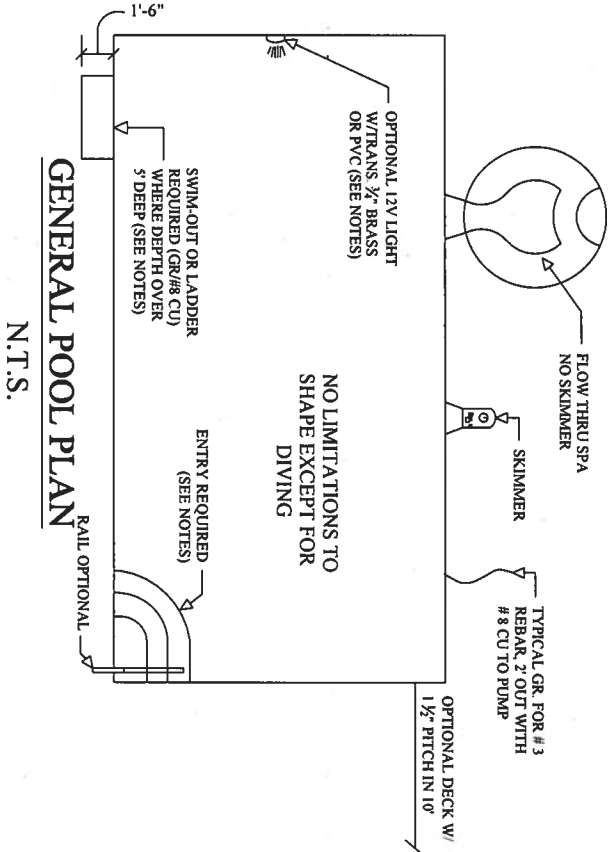


Pool Equipment

Hydro Fun Pools LLC
P.O. Box 325
High Springs, FL 32655

Mike & Brenda Hartzog
1167 SW Woodland Ave
Ft White FL, 32038

Scale: 3/32" = 1 ft.



FLORIDA BUILDING CODE R4501

THE POOL CONTRACTOR IS RESPONSIBLE FOR FURNISHING ALL DETAIL DESIGN REQUIREMENTS FOR EACH INDIVIDUAL POOL IN ACCORDANCE WITH THE FLORIDA BUILDING CODE, AND ALL CONSTRUCTION SHALL MEET ALL APPLICABLE CODES INCLUDING PLUMBING, ELECTRICAL AND GAS. PIPING SHALL BE SCH. 40 PVC, NSFPM, MAX. PRESSURE VELOCITY 10 FPS, SUCTON 6 FPS. THE POOL PLAN SHALL SHOW THE DESIGN PLUMBING AS PER THE SAMPLE WITH THE INFORMATION REQUIRED SHOWN. MAIN DRAIN PLUMBING SHALL BE TWO DRAINS SEPARATED BY 3' WITH APPROVED ANS/ASME A112.19.8.2009 COVERS. AS AN ALTERNATE THE APPROVED DRAINS MAY BE PLACED ON DIFFERENT PLANES. THE TWO DRAINS SHALL HAVE A COMMON SUCTION LINE. SUCTON GRATES MAY BE USED IF APPROVED AT A MAXIMUM OF 1 1/2 FPS AND THE SUCTION PIPING IS RECESSED FROM THE GRATE THE DISTANCE EQUAL TO THE SUCTION PIPE SIZE. SKIMMERS DO NOT REQUIRE PROTECTION AND MUST BE DESIGNED FOR A MINIMUM 25 gpm. THE FOLLOWING SHALL BE LABELED WITH LABEL MARKER TAPE AT THE FILTER LOCATION: PIPES, VALVES, PUMPS) OFF SWITCH.

ELECTRICAL REQUIREMENTS:

-WIRING AND BONDING AND ALL ELECTRICAL TO COMPLY WITH CHAPTER 42, FLORIDA BUILDING CODE 6TH EDITION-RESIDENTIAL AND NEC 2014.
-NO OUTLET OR OVERHEAD POWER WITHIN 10' IF WITHIN 15' PROTECT BY GFI, TRANSFORMER MIN. 10' FROM POOL, 8" ABOVE WATER, J BOX 4' FROM POOL, BRASS TO J BOX OR TRANSFORMER WHICH EVER IS FIRST EXCEPT WHERE PVC IS APPROVED.

SPECIAL SPA REQUIREMENTS:

-MAXIMUM WATER DEPTH 4', MAXIMUM SEAT DEPTH 28" MAX.
-FLOOR SLOPE 1:12
-STEPS: MIN. TREAD 10" X 12", 7" MIN. RISER, 12" MAX. RISER EXCEPT THE BOTTOM STEP MAY BE 14" IF IT IS BE UNIFORM. IF THE SPA IS OPERATED INTERMITTENTLY IT SHALL HAVE A ONE HOUR TURNOVER. IF CONTINUOUS A SIX HOUR TURNOVER. MAXIMUM TEMPERATURE 104 DEGREES.
-MEET ANS/NSPI ARTICLE XVII, SAFETY INSTRUCTION/SAFETY SIGNS.
-PRESSURE TEST PIPING AT 35 PSI FOR 15 MINUTES OR MEET LOCAL CODE IF GREATER.

GENERAL DESIGN REQUIREMENTS

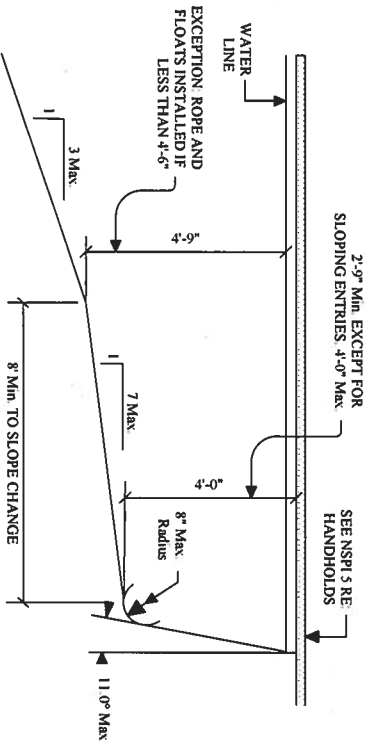
-DESIGN, CONSTRUCTION AND WORKMANSHIP SHALL BE IN CONFORMITY WITH THE REQUIREMENTS OF APS/ICC 3, APS/ICC 4, APS/ICC 5, AND APS/ICC 6 AND APS/ICC 7 BASED ON THE POOL TYPE.
-SEE NSPI FOR DIVING WATER ENVELOPES.
-SLIDES SHALL MEET THE MANUFACTURERS INSTALLATION REQUIREMENTS.

-ALL POOLS WHETHER PUBLIC OR PRIVATE SHALL BE PROVIDED WITH A LADDER OR STEPS IN THE SHALLOW END WHERE THE WATER DEPTH EXCEEDS 24 INCHES (610 MM). IN PRIVATE POOLS WHERE WATER DEPTH EXCEEDS 5 FEET (1524 MM) THERE SHALL BE LADDERS, STAIRS OR UNDERWATER BENCHES/ SWIM-OUTS IN THE DEEP END, WHERE MANUFACTURED DIVING EQUIPMENT IS TO BE USED. BENCHES OR SWIM-OUTS SHALL BE RECESSED OR LOCATED IN A CORNER.
-CIRCULATION SYSTEMS, COMPONENTS AND EQUIPMENT SHALL COMPLY WITH NSF 50. -THE MAXIMUM TURNOVER RATE IS 12 HOURS.
-APPROVED MANUFACTURED INLET FITTINGS FOR THE RETURN OF RECIRCULATED POOL WATER SHALL BE PROVIDED ON THE BASIS OF AT LEAST ONE PER 300 SQUARE FEET (28 m2) OF SURFACE AREA. SUCH INLET FITTINGS SHALL BE DESIGNED AND CONSTRUCTED TO INSURE AN ADEQUATE SEAL TO THE POOL STRUCTURE AND SHALL INCORPORATE A CONVENIENT MEANS OF SEALING FOR PRESSURE TESTING OF THE POOL.
-CIRCULATION PIPING, WHEN MORE THAN ONE INLET IS REQUIRED, THE SHORTEST DISTANCE BETWEEN ANY TWO REQUIRED INLETS SHALL BE AT LEAST 10 FEET (3048 MM). HEATER SHALL MEET ANSI-Z21.56 OR UL 1261 OR UL 559.
-DISINFECTANT EQUIPMENT SHALL COMPLY WITH NSF 50.
-PRESSURE TEST PIPING AT 35 PSI FOR 15 MINUTES OR MEET LOCAL CODE IF GREATER.
-RESIDENTIAL SWIMMING BARRIER REQUIREMENTS TO MEET SECTIONS 454.2.17
-WASTE DISPOSAL TO COMPLY WITH SECTION 454.2.10

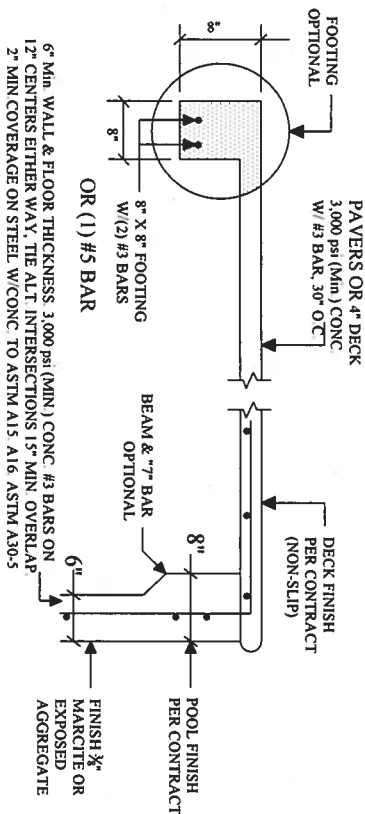
IT HAS BEEN CERTIFIED THAT THESE DESIGN REQUIREMENTS ARE IN COMPLIANCE WITH THE FLORIDA BUILDING CODE R4501, 6TH EDITION 454.2.2017, ANS/APS/ICC 3, ANS/APS/ICC 4, ANS/APS/ICC 5, AND ANS/APS/ICC 6 AND ANS/APS/ICC 14, ANS/APS/ICC 15.



POOL SECTION DETAIL N.T.S.



SB2836, 6-20-07
FOR BONDING AND GROUNDING SYSTEMS FOR SWIMMING POOLS, THE USE OF AN UNDERGROUND BONDING CONDUCTOR MADE OF #8 AWG. BARE SOLID COPPER WIRE BURIED TO A MINIMUM DEPTH OF 4 INCHES TO 6 INCHES BELOW SUBGRADE AND 18 TO 24 INCHES FROM INSIDE WALL OF A SWIMMING POOL OR SPA, IS DEEMED A PERMISSIBLE ALTERNATIVE OR EQUIVALENT TO COMPLIANCE WITH S. 680.26(6) OF THE NATIONAL ELECTRICAL CODE.



POOL/SPA, DECK, BEAM, WALL, FLOOR N.T.S.

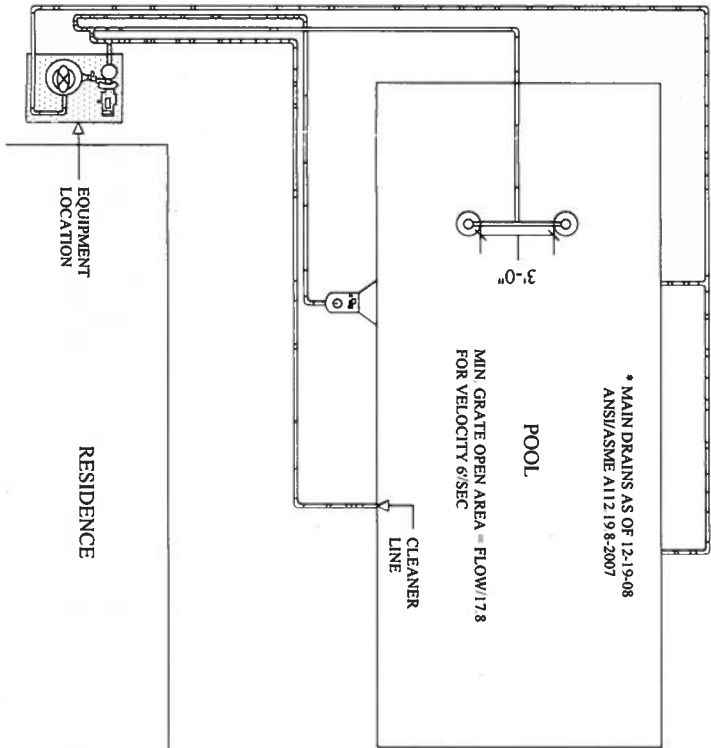
SAMPLE ONLY. EACH APPLICATION FOR PERMIT SHALL BE BASED ON A TOTAL DYNAMIC HEAD OF 60 ft.

Determine System Flow Rate:
Minimum Flow Rate Required: 35gpm per skimmer (Required: 1 Skimmer per 800 sq ft)
Pool Volume: 500 sq. ft x 4' ave depth x 7.481 gal/cf = 15,000 gallons
Turnover Time in Hours: 6 hours x 60 min/hr = 360 minutes
Flow Rate: 15,000 gallons / 360 minutes = 42 gpm

PIPE	SUCTION	PRESSURE
1 1/2"	35 GPM	65 GPM
2"	60	105
2 1/2"	90	147
3"	135	230
4"	235	396

FOR POOLS WITH VOLUME = 15,000 GALS.
PUMP: STARTE P660L OR HAYWARD SUPERMII
1/2 HP 42 GPM 60' TURN
TURNOVER RATE - 6 HOURS = 360 MINS
FILTER: STARTE FTM 50, 50 GPM OR
HAYWARD C751, 75 GPM CAPACITY
MAIN DRAIN: HAYWARD W61048E
CLEANER: HAYWARD VAC LOC

MAIN SUCTION PIPE SIZE: 2"
SKIMMER SUCTION PIPE SIZE: 2"
CLEANER/VAC PIPE SIZE: 1 1/2"
RETURN SUCTION PIPE SIZE: 1 1/2"



G.B. COLLINS ENGINEERING P.A.
CERTIFICATE OF AUTHORIZATION 27934

AQUATIC ENGINEERING CONSULTANTS
300 ALTERNATE 19 NORTH, SUITE A
PALM HARBOR, FLORIDA 34683
gb_collins@verizon.net
(727)-442-8443

For: HYDRO FUN POOLS
Standard Residential Pool
and/or Spa Design

SAMUEL A. LIBERATORE P.E. 55740
JANUARY 6, 2020