



Northeast District Department of Health

69 South Main Street, Unit 4, Brooklyn, CT 06234
Phone 860-774-7350 / Fax 860-774-1308 / Web Site www.nddh.org

OWNERS NAME: _____

BUSINESS NAME: _____

PHYSICAL LOCATION: _____

MAILING ADDRESS: _____ CITY: _____

BUSINESS PHONE: _____ EMAIL: _____

CONTACT PERSON: _____ CONTACT PHONE: _____

WATER SUPPLY: WELL _____ MUNICIPAL _____

DIMENSIONS: LENGTH _____ WIDTH _____ DEPTH _____ SLOPED DEPTH RANGE _____

RECIRCULATING INLETS: _____ OUTLETS / MAIN DRAINS: _____

CIRCULATING PUMP: _____ RATING: _____ GPM

FLOW GUAGE: _____ SCALE: _____ TO _____ GPM

HAIR CATCHER: _____ FILTER: _____ MODEL: _____

FILTER TYPE: SAND D.E. CARTRIDGE SIGHT GLASS: YES NO

MAKE UP WATER PLACE OF INTRODUCTION: _____

CHEMICAL FEED: MANUAL AUTO

CHLORINATOR: _____ MODEL# _____ CAPICITY: _____ GPD

TEST EQUIPMENT: _____

FILTER BACKWASH DISPOSAL: _____

COMPLIANCE DOCUMENTS PROVIDED TO NDDH REGARDING VIRGINIA GRAEME BAKER ACT: YES NO

SIGNATURE: _____ DATE: _____

SKETCH OF POOL:

NDDH OFFICE USE ONLY

Fee: _____ Receipt #: _____ Check #: _____ Date: _____

Late Fee: _____ Receipt #: _____ Check #: _____ Date: _____