



Northeast District Department of Health

69 South Main Street, Unit 4, Brooklyn, CT 06234
860-774-7350 / Fax 860-774-1308

www.nddh.org

email@nddh.org

<i>Sanitarian Approved</i>
<i>Initial:</i> _____
<i>Date:</i> _____
<i>Emailed:</i> _____

SWIMMING POOL APPLICATION

SELECT STYLE: INDOOR OUTDOOR

OWNERS NAME: _____

BUSINESS NAME: _____

PHYSICAL LOCATION: _____

MAILING ADDRESS: _____

BUSINESS PHONE: _____ BILLING 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# _____ CAPACITY: _____ GPD

TEST EQUIPMENT: _____

FILTER BACKWASH DISPOSAL: _____

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

SKETCH OF POOL:

SIGNATURE: _____ DATE: _____

<i>NDDH Use Only</i>	<i>File/ID #:</i> _____	<i>Date:</i> _____
<i>Check #</i> _____	<i>Receipt #</i> _____	<i>Cash</i> _____ <i>Credit Card</i> _____
	<i>File/ID #:</i> _____	<i>Date:</i> _____
<i>Check #</i> _____	<i>Receipt #</i> _____	<i>Cash</i> _____ <i>Credit Card</i> _____