**Northeast District Department of Health
69 South Main Street, Unit 4,
Brooklyn, CT 06234**

***Sanitarian Approved Initial: Date:***

***Emailed:***

**Phone – (860) 774-7350 / Fax - (860) 774-1308**[**www.nddh.org**](http://www.nddh.org)**email@nddh.org**

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# CAPICITY: GPD

TEST EQUIPMENT:

FILTER BACKWASH DISPOSAL:

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

SKETCH OF POOL:

SIGNATURE: DATE:

*NDDH Use Only*

*Date: \_\_\_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_ CC E-Check Cash Receipt #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date: \_\_\_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_ CC E-Check Cash Receipt #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

NDDH Use Only

File/ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check # \_\_\_ \_\_\_\_\_\_\_\_ Receipt # \_\_\_\_\_\_\_\_\_ Cash Credit Card