



Northeast District Department of Health

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Brooklyn, CT 06234

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www.nddh.org

email@nddh.org

Sanitarian Approved

Initial: _____

Date: _____

Emailed: _____

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: _____

NDDH Use Only

Date: _____ Fee: _____ Check # _____ CC E-Check Cash Receipt # _____

Date: _____ Fee: _____ Check # _____ CC E-Check Cash Receipt # _____