



# Northeast District Department of Health

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*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 # \_\_\_\_\_