



Application for Swimming Pool Permit to Operate

- 1. Name of pool:** _____
Address of pool: _____ Westport Weston Easton Zip _____
Telephone at pool: _____ Capacity of pool: _____ Gallons
- 2. Name of owner:** _____
Address: _____ City: _____ State: _____ Zip: _____
- 3. Name of pool operator:** _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Phone#: _____ Email: _____
- 4. Dates pool is open:** From (Opening Date) _____ to (Closing Date) _____
- 5. Source of pool make-up water—must be approved source—**(Public water, private well, truck delivery) _____
- 6. Draining of pool water to:**
 Public sewer (Must be approved by Westport Public Works Department.) **Storm Drain**
 Ground: Nearest property line _____ Downhill neighbor's property line _____
- 7. Filter backwash disposal to:**
 Sanitary Sewer Subsurface Disposal: Site and type of leaching system: _____
Location (Drawing required): _____
 No Filter Backwash (explain): _____
- 8. Disinfectant used:** (ex. Chlorine, Bromine, etc.) _____
8a. Is a stabilizer used? Yes _____ No _____
- 9. What type of pool filtration equipment do you use?** (ex. Hi-Rate Sand, Cartridge Filter, Diatomaceous Earth) _____
- 10. Has there been any change to your pool filtration equipment over the last year?** _____
- 11. What means does your pool have to prevent drain entrapment?** (ex. Vacuum-release shutoff system, multiple drains at least 3 feet apart, etc.) _____

The undersigned agrees to comply with Section 19-13-B33b of the *Connecticut Public Health Code* and the *Aspetuck Health District Sanitary Code*. The undersigned also agrees to permit entry by the Aspetuck Health District to his/her facility without prior notice. This permit may be suspended at any time by the Director of Health.

Signature of Applicant

Title

Date

Fees: Seasonal \$175.00 - Year Round: \$400.00

Total Applicable Fees: \$ _____

Mail completed Application & Check payable to: **Aspetuck Health District to the above address.**

Permit Issued: _____

Date