



Aspetuck Health District 180 Bayberry Lane, Westport, Connecticut 06880
T: 203-227-9571 F: 203-221-7199 W: www.aspetuckhd.org

Fee: \$410.00
Pool/Spa-Year
Round

Fee: \$235.00
Pool/Spa-Seasonal

APPLICATION TO OPERATE PUBLIC SWIMMING POOL/SPA

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

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

Date Permit Issued: _____



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