



Aspetuck Health District 180 Bayberry Lane, Westport, Connecticut 06880  
T: 203-227-9571 F: 203-221-7199 W: [www.aspetuckhd.org](http://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: \_\_\_\_\_