



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)

## INSTRUCTIONS FOR COMPLETING AN APPLICATION TO CONSTRUCT A SWIMMING POOL / SPA

**Fee: Swimming Pool on Septic \$290.00**  
**Swimming Pool on Sewer \$175.00**  
**Hot Tub \$120.00**

- A. Please complete one (1) copy of the application form.
- B. Attach the following to the application:
  1. Two (2) copies current (A2) survey drawn to scale showing North direction with an arrow, and less than 10 years old. Survey must show all existing structures and additions on property.
    - a. Location and size of septic tank,
    - b. Location and size of leaching area,
    - c. Well, if applicable,
    - d. Water course or wetland area,
    - e. Other permanent buildings or structures,
    - f. Easements for other utilities or other purposes,
    - g. Proposed location of pool.
    - h. Plans detailing pool's construction - two (2) copies.
  2. Provision for the disposal of backwash effluent.
  3. Location of point of discharge of draining wastewater, if applicable.
  4. A letter of authorization must accompany application.
  5. Check payable to **Aspetuck Health District**.
- C. Upon completion and submission of above, an appointment will be scheduled with a sanitarian for review, if necessary.

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### NOTICE

All plans for building enlargement, swimming pool installation, sewage system alterations, etc., must show the location and size of the septic tank. If not available from previous records, the size and location are to be determined by measurement by a Sanitarian of the Aspetuck Health District.

To obtain the size of the tank, the cover top corners are to be exposed for measurement of length and width, and the manhole cover removed to measure the depth.

A statement as to size from a septic tank pumping firm will not be accepted.

If a public sanitary sewer is available for connection at the site, the Aspetuck Health District may require that a connection be made before any approvals are granted. *Health District Sanitary Code*, Section 3.3 (f) and (g).



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## **APPLICATION FOR REVIEW OF PLANS FOR PROPOSED SWIMMING POOL/SPA**

Please **TYPE or PRINT**. Complete all items to bold line. Two copies of plot plan must be submitted with this application.

Location: \_\_\_\_\_  Westport  Weston  Easton  
Street Address \_\_\_\_\_ Lot Number \_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: (\_\_\_\_\_) \_\_\_\_\_  
Built By: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: (\_\_\_\_\_) \_\_\_\_\_

**Type of Pool:** \_\_\_\_\_

**Size of Pool:** \_\_\_\_\_

**Distance of Pool From:**

Dwelling: \_\_\_\_\_ Water Course/Wetlands \_\_\_\_\_

Septic Tank: \_\_\_\_\_ Leaching Area: \_\_\_\_\_

Well: \_\_\_\_\_

**Drinking Water Supply:**  Public  Private

**Pool Filter:**

Type: \_\_\_\_\_ Size: \_\_\_\_\_

Location (Show on plan): \_\_\_\_\_

Source of water: \_\_\_\_\_

Location of draining wastewater discharge, if applicable: \_\_\_\_\_

### **Brief Description of Application:**

Has any soil testing been performed on the property?  Yes  No

If yes, when and by whom?

Owner or Duly Authorized Representative

Date

Signed \_\_\_\_\_

Email: \_\_\_\_\_

### **AHD REMARKS:**

- Compliance with 19-13-B100a required .....  Yes  No
- Permit to Construct required (if accessory structures proposed).....  Yes  No
- Soils evaluation required .....  Yes  No
- Surveyors as-built required .....  Yes  No
- SSDS proposal required .....  Yes  No

### **Conditions:**

**APPROVAL:** Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**FINAL AHD INSPECTION REQUIRED AT COMPLETION OF JOB** Yes  No

**It is the responsibility of the contractor or homeowner to arrange for final inspection.**

### **Final Inspection**

Final Inspection/Final Approval: \_\_\_\_\_  
Sanitarian \_\_\_\_\_ Date \_\_\_\_\_