



Aspetuck Health District 180 Bayberry Lane, Westport, Connecticut 06880
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APPLICATION FOR INSPECTION OF CHILD DAYCARE FACILITY FOR STATE LICENSURE

Choose One:
Full Inspection \$205
Limited Inspection \$115

Date of Application: _____

Day Care Center Name: _____

Address: _____ Westport Weston Easton

Telephone: (_____) _____

Contact Name: _____ Email: _____

Name of Applicant *(Type or Print)*

Signature of Applicant

Water Supply: Public Water Well

Sewage Disposal: Public Sewer Septic

* **Well Water:** If your facility is served by a private well and water is not obtained from a public water system that is regulated by the Connecticut Department of Public Health, than you must test every two years for the following parameters:

- Bacteria (coliform, E. coli)
- Physical Parameters (color, odor, turbidity, pH)
- Sanitary Chemicals (nitrogen series, chloride, hardness, iron, manganese, sodium)

* **Lead:** For facilities with lead management plans, the most-recent monitoring log must be provided at the inspection.

