



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: _____

4. Dates pool is open: From _____ to _____
Opening Date Closing Date

Source of pool make-up water (must be approved
5. source): _____

6. Draining of pool water to:
 Public sewer (Must be approved by Westport Department of Public Works.)
If drained to the following, indicate distance from pool to drainage receptacle, in feet.
 Storm drain _____ **Ground**
 Stream or pond _____ • Nearest property line _____
 Wetland _____ • Downhill neighbor's property line _____

7. Filter backwash water disposal to:
 Sanitary Sewer
 Subsurface Disposal: Site and type of leaching system: _____
Location (Drawing required): _____
 No Filter Backwash (explain): _____

8. Disinfectant used: _____

The undersigned agrees to comply with Section 19-13-B33b of the Connecticut Public Health Code and the 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