APPLICATION FOR PUBLIC SWIMMING POOL PERMIT

1. Name of pool: ____________________________________________
   Address of pool: __________________________________________
   Telephone at pool: ________________________ Capacity of pool: ___________________ Gallons

2. Name of pool owner: ____________________________________________
   Address: ____________________________________________________

3. Name of pool operator: ____________________________________________
   Address: _______________________________________________________________________

4. Mailing address for permit: ____________________________________________

5. Contact email address: ____________________________________________

6. Dates pool is open: From ______________________ to ______________________
   Opening Date ______________________ Closing Date ______________________

7. Source of pool make-up water (must be approved source):
   ________________________________________________________________

8. Draining of pool water to:
   □ Public Sewer (must notify Sewer Department at 203-594-3700 for approval)
   If drained to the following, indicate distance from pool to drainage receptacle, in feet. Pool water must be de-chlorinated with a pH level between 6.5 and 8.0.
   □ Storm drain __________________________________________
   □ Other (please explain): ______________________________________
   □ Ground ______________________________________
      • Nearest property line ______________________
      • Downhill neighbor’s property line ______________

9. Filter backwash water disposal to: (Cannot discharge to septic system)
   □ Sanitary sewer
   □ Subsurface Disposal: Site and type of leaching system: ______________________
                         Location (Drawing required): ______________________
   □ No Filter Backwash (explain): ________________________________________________

10. Disinfectant used: ____________________________________________

The undersigned agrees to comply with Section 19-13-B33b of the Connecticut Public Health Code and the New Canaan Ordinances Chapter 29-25B. The undersigned also agrees to permit entry by the New Canaan Health department 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 ______________

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