



APPLICATION FOR SWIMMING POOL PERMIT TO OPERATE

1. Name of pool: _____
 Address of pool: _____ Westport Weston 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

5. Source of pool make-up water (must be approved 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.
- | | |
|--|---|
| <input type="checkbox"/> Storm drain _____ | <input type="checkbox"/> Ground |
| <input type="checkbox"/> Stream or pond _____ | • Nearest property line _____ |
| <input type="checkbox"/> 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 Westport Weston Sanitary Code. The undersigned also agrees to permit entry by the Westport Weston 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: \$150.00 Year-Round: \$350.00 Total Applicable Fees: \$_____

Mail completed Application & check payable to:
Westport Weston Health District
To the above address.

Permit Issued:

 Date