



North Central District Health Department

- Enfield—31 North Main Street, Enfield, CT 06082 * (860) 745-0383 Fax (860) 745-3188
- Vernon—375 Hartford Turnpike, Room 120, Vernon, CT 06066 * (860) 872-1501 Fax (860) 872 1531
- Windham—Town Hall, 979 Main Street, Willimantic, CT 06226 * (860) 465-3033 Fax (860) 465-3034
- Stafford—Town Hall, 1 Main Street, Stafford Springs, CT 06076 * (860) 684-5609 Fax (860) 684-1768

Patrice A. Sulik, MPH, R.S.
Director of Health

March 2026

RE: Public Swimming Pool Renewals

Dear Owner:

Enclosed is a public swimming pool application for the 2026-2027 licensing year. Please complete this application and submit a \$150 fee for each swimming pool at your establishment and submit online to licenser renewal@ncdhd.org or go to our office at 31 North Main Street, Enfield, CT 06082. **For pools that operate year-round, all applications and fees must be received and/or postmarked by April 30, 2026. Applications and fees received after this date will be subject to a \$150 late fee.** A schedule of fees is attached.

If you are operating an **outdoor pool**, please note:

- You will not be able to open the pool until you have an opening inspection and you have received your 2026 pool permit from NCDHD.
- **Please call NCDHD at 860-745-0383 by May 7, 2026, to schedule an inspection. If you do not call to schedule by May 7th, 2026, we cannot guarantee an inspection in time for the Memorial Day weekend.**
 - Please make every effort to have your pool ready by May 14, 2026.
 - May 20th and May 21st will be reserved for pool re-inspections only.

Reminders:

- **Pool operator requirements: The pool operator (or his/her designee) must always be on the premises when the pool is open.** A daily log of the water relating to pH, chlorine content and clarity must be kept by the operator. A sample log sheet is enclosed. Additional information is found in Section 5 of the NCDHD Sanitary Code found on our website: [<https://www.ncdhd.org/forms>].
- For any pools that employ life guards: There shall be face masks or shields (a device constructed so as to prevent the return flow of air from a victim to the rescuer) for infants, children and adults, and appropriate receptacles or holders in proximity to the lifeguard duty stations.
- **Test kits**: The chemicals in your test kits must be replaced if they have an overdue expiration date, especially DPD Reagent #2. Check your kits to be sure you are using a DPD kit capable of reading free and total chlorine. Please note that test strips are not approved for use.
- **Pool equipment modifications: Changes to pool equipment must be made by a licensed swimming pool contractor with an SP1 or SP2 license from the CT Department of Consumer Protection, and should be reported to the State Health Department, Public Pools at 860-509-7334.**
- **Please note that license fees will increase effective July 1, 2026.**

If you have questions regarding these requirements, please contact our Enfield office at 860-745-0383.

Sincerely,

Patrice A. Sulik, MPH, R.S.
Director of Health

Enclosure

FEE SCHEDULE

	March 2026 Fees
Public or Semi-Public Swimming Pool	\$150
Reinspection as needed	\$200
Late Fee: For pools that operate year-round, a late fee is charged.	\$150
Seasonal pools do not open until their fee and completed application are received and they have satisfactory inspection.	

Applications can be submitted in person, via mail, fax, or email to licenser renewal@ncdhd.org. Applications (fillable online) can be found at www.ncdhd.org under FORMS, then scroll to Swimming Pool Application.

Payments can be made in person, check/money order by mail, credit card over the phone at 860-745-0383 or completed online at www.ncdhd.org by selecting the Pay Online option on the grey border of the webpage. You will then be directed to a secured website-MuniciPay to process your payment.



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PUBLIC SWIMMING POOL OPERATION PERMIT APPLICATION

Location of Pool: _____
(Name of facility where pool is located)

Address of Pool: _____

Mailing Address: _____
(Address where this application should be sent, if different from location of the pool)

OWNER INFORMATION:

Owner's Name: _____ Phone No. _____

Address of Office: _____

Contact Person: _____ Phone No. _____

Person Responsible for Operation of Pool: _____

E-mail Address: _____ Emergency Phone No. _____

POOL INFORMATION:

Hours of Operation - From: _____ To: _____

Type: Indoor Outdoor Whirlpool Other

Capacity: Gallons: _____ Occupancy Load: _____ **Type of Water Supply:**

Type of Filtration: (Sand, DE, etc.) _____ **Public Well**

Type of Disinfection System: _____

Any Pool Equipment Changes (i.e., filters, pumps, etc.): _____

2025 FEE - \$150.00 PER POOL
License No. _____
Date: _____ Receipt No. _____
(FOR HEALTH DEPARTMENT USE ONLY)

Is Anti-Entrapment Main Drain Cover Installed?

Yes No

Date: _____

Owner's
Signature _____

(Revised 02/25/2025)

Submit application to: licenser renewal@ncdhd.org

Pool Daily Log Sheet

Month _____ Year _____

		DAILY TESTS				CHEMICALS ADDED		MAINTENANCE			VERIFIED
Date	Time	Total Combined Cl ₂	Free Chlorine	pH	Alkalinity	Type	Amount	Appearance	Flow Meter Reading	Main Drains Secure/Intact	Initials
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
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The pool water shall be maintained at a pH value of not less than 7.2 and not over 7.8. A free available chlorine residual of at least 1.0 mg/l shall be maintained throughout. If other halogens are used, residuals of equivalent disinfecting strength shall be maintained.