



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

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.): _____

2024 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 _____