



# 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. \_\_\_\_\_  
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### 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.): \_\_\_\_\_

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

**Is Anti-Entrapment Main Drain Cover Installed?**  
Yes                    No

Date: \_\_\_\_\_

Owner's  
Signature \_\_\_\_\_

(Revised 02/25/2025)

Submit application to: [licenser renewal@ncdhd.org](mailto:licenser renewal@ncdhd.org)